

No. <b>C 141058</b>		<b>Due no later than Oct 31, 2009</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  IDAHO PODIATRIC MEDICAL ASSOCIATION, INC. CONNIE M SEARLES 270 N 27TH ST # B BOISE ID 83702		CONNIE M SEARLES 270 N 27TH ST # B BOISE ID 83702			
						3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	ANDREW MCCALL	191 ADDISON AVE.	TWIN FALLS	ID	USA	83301	
SECRETARY	CLINTON CLARK	6051 N. EAGLE RD.	BOISE	ID	USA	83713	
PRESIDENT	RANDAL WRAALSTAD	562 SHOUP AVE., W.	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:  <b>ID</b> <b>C 141058</b>		6. Annual Report must be signed.*  Signature: Connie Searles Name (type or print): Connie Searles					
		Date: 12/02/2009 Title: Executive Director					
Processed 12/02/2009      * Electronically provided signatures are accepted as original signatures.							