No. C 97731			e no later than Feb 28, 2018	2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		NEVA SAN	NEVA SANTOS 777 N RAYMOND #100			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.		10 - 11 - 12 - 12 - 12 - 12 - 12 - 12 -				
		IDAHO ACADEMY OF FAMILY PHYSICIANS, INC. NEVA SANTOS 777 N. RAYMOND #100 BOISE ID 83704		BOISE ID 83704 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Names	and Busin	ess Addresses of	President, Secretary, and Directors. Treasur	er (optional).				
Office Held Na	ame		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT JONATHAN E		BOWMAN	1273 E. HOLLY ST.	BOISE	ID	USA	83712	
VICE PRESIDENT TED D. EPPE			777 N. RAYMOND STREET	BOISE	ID	USA	83704	
TREASURER MA	ARY BARIN	IAGA	322 E. FRONT ST.	BOISE	ID	USA	83702	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Neva Santos		Date: 12/28/2017				
C 97731		Name (type or print): Neva Santos		Title: Executive Director				
Processed 12/28/2017	* Electronically provided signatures are accepted as original signatures.							