

No. C 201295		Due no later than Feb 29, 2016		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. IDAHO SOCIETY OF INTERVENTIONAL PAIN PHYSICIANS, INC. 2841 JUNIPER DR LEWISTON ID 83501		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705	
				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
PRESIDENT	HOLLY ZOE MD	2841 JUNIPER DR	LEWISTON	ID	83501
SECRETARY	SCOTT MAGNUSON MD	2841 JUNIPER DR	LEWISTON	ID	83501
DIRECTOR	DANIEL MARSH MD	2841 JUNIPER DR	LEWISTON	ID USA	83501
DIRECTOR	CRAIG G FLINDERS MD	2841 JUNIPER DR	LEWISTON	ID USA	83501
5. Organized Under the Laws of: DE C 201295		6. Annual Report must be signed.* Signature: CRAIG G FLINDERS MD Name (type or print): CRAIG G FLINDERS MD Date: 01/12/2016 Title: CEO			
Processed 01/12/2016		* Electronically provided signatures are accepted as original signatures.			