

No. C 46010		Due no later than Aug 31, 2009 Annual Report Form		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		1. Mailing Address: Correct in this box if needed. BOISE MEDICAL ARTS CENTER CONDOMINIUM ASSOCIATION, INC. ATTN: FINANCE 1055 N CURTIS BOISE ID 83706		DARRELL FUGATE 1055 N CURTIS RD BOISE ID 83706		
				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	MARK BORUP	999 N. CURTIS RD.	BOISE	ID	USA	83706
PRESIDENT	DARRELL FUGATE	1055 N. CURTIS	BOISE	ID	USA	83706
DIRECTOR	TERI COTTINGHAM	999 N. CURTIS RD.	BOISE	ID	USA	83706
DIRECTOR	DAVID BIRCH	1055 N. CURTIS RD	BOISE	ID	USA	83706
SECRETARY	MARK WENNSTROM	1055 N. CURTIS RD	BOISE	ID	USA	83706
5. Organized Under the Laws of: ID C 46010		6. Annual Report must be signed.* Signature: Darrell Fugate Name (type or print): Darrell Fugate Date: 08/27/2009 Title: President				
Processed 08/27/2009		* Electronically provided signatures are accepted as original signatures.				