

No. C 90312		Due no later than Sep 30, 2011 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. IDAHO MEDICAL GROUP MANAGEMENT ASSOCIATION, INC. BRETT LA PETER PO BOX 7674 BOISE ID 83707		ANTHONY J SCHIRER 3024 N VALLEY GREEN WAY MERIDIAN ID 83646		
				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	BRAD TURPEN	2347 E. GALA ST.	MERIDIAN	ID	USA	83642
PRESIDENT	AMY O'BRIEN	957 HOSPITAL WAY	POCATELLO	ID	USA	83201
SECRETARY	MICHELLE WIER	2315 8TH STREET	LEWISTON	ID	USA	83501
DIRECTOR	SHARON A LEE	PO BOX 1128	BOISE	ID	USA	83701
DIRECTOR	STEVE JUDY	10482 W. CARLTON BAY DRIVE	GARDEN CITY	ID	USA	83714
5. Organized Under the Laws of: ID C 90312		6. Annual Report must be signed.* Signature: Brett La Peter Name (type or print): Brett La Peter Date: 07/18/2011 Title: Administrator				
Processed 07/18/2011		* Electronically provided signatures are accepted as original signatures.				