

No. C 133516		Due no later than Apr 30, 2010		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 ASSOCIATION OF NURSE ANESTHETISTS, INC. SHERRY E SWEARNGIN 1698 E SEAPORT CT BOISE ID 83706		TIMOTHY A POWELL 12587 W LEWIS & CLARK DR BOISE ID 83713			
				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	BETTY SCHOENECKER	10447 W BUCKTAIL DR.	BOISE	ID	USA	83714	
SECRETARY	SHERRY E SWEARNGIN	1698 E SEAPORT CT	BOISE	ID	USA	83706	
DIRECTOR	CHRIS SOURS	713 W HIGHLAND	BOISE	ID	USA	83702	
DIRECTOR	AMY ENGLEMAN	11827 N HUMPHREYS PLACE	HIDDEN SPRINGS	ID	USA	83714	
DIRECTOR	EVAN KOCH	30899 N NAUTICAL LOOP	SPIRIT LAKE	ID	USA	83869	
DIRECTOR	LISA PRITIKEN	578 W CHRISTOPHER	MERIDIAN	ID	USA	83642	
5. Organized Under the Laws of: ID C 133516		6. Annual Report must be signed.* Signature: Sherry E Swearngin Name (type or print): Sherry E Swearngin Date: 03/08/2010 Title: Secretary IDANA					
Processed 03/08/2010		* Electronically provided signatures are accepted as original signatures.					