No. <b>C 56720</b>		Due no later than Oct 31, 2016		2. Registered Agent and Address (NO PO BOX)				
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  IDAHO ACADEMY OF PHYSICIAN'S ASSISTANTS, INC.  STEVEN SUMTER PO BOX 1127 BOISE ID 83701 USA		STEVEN SUMTER 305 W JEFFERSON ST BOISE ID 83702  3. New Registered Agent Signature:*				
RECEIVED BY DUE DATE			ident County and Divertors Transcrip	ou (outional)				
Office Held	Name	ess Addresses of Pres	ident, Secretary, and Directors. Treasure Street or PO Address	City	State	Country	Postal Code	
PRESIDENT VICE PRESIDENT SECRETARY DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR	DAVID ATKI	AN THOMPSON IVALL ROBERTS DEAU ITING SCANLAN	2025 W PARK PLACE SUITE B 190 E BANNOCK STREET 190 E BANNOCK STREET PO BOX 609 1130 W PRAIRIE AVENUE 16459 N MIDLAND BOULEVARD 414 SHOUP AVENUE W 921 S 8TH STREET STOP 8253	COEUR D'ALENE BOISE BOISE SHOSHONE COEUR D'ALENE NAMPA TWIN FALLS POCATELLO		USA USA USA USA USA USA USA USA USA	83814 83712 83712 83352 83814 83687 83301 83201	
<b>ID</b> Signatu		Signature: STEVE	nnual Report must be signed.* gnature: STEVEN SUMTER ame (type or print): STEVEN SUMTER		Date: 10/10/2016 Title: EXECUTIVE DIRECTOR			
Processed 10/10/2016 * Electronically provided signatures are accepted as original signatures.								