

No. C 19370		Due no later than Jun 30, 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. IDAHO ASSOCIATION OF NATUROPATHIC PHYSICIANS, INC. (THE) JASON D WEST 1188 CALL CREEK DRIVE POCATELLO ID 83201 USA		KARIE A JONAK-START 380 N CAPITAL AVE IDAHO FALLS ID 83402			
						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	GARRY SHOHET	2524 NORTH STOKESBERRY PLACE	BOISE	ID	USA	89703	
DIRECTOR	LAWRENCE SASSADECK	593 EAST STATE	EAGLE	ID	USA	83616	
5. Organized Under the Laws of: ID C 19370		6. Annual Report must be signed.* Signature: jason D. West Name (type or print): jason D. West					
Processed 06/12/2009		Date: 06/12/2009 Title: President * Electronically provided signatures are accepted as original signatures.					