

No. <b>C 187162</b>		<b>Due no later than May 31, 2015</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> ADA COUNTY MEDICAL SOCIETY FOUNDATION, INC. STEVEN REAMES 305 W JEFFERSON BOISE ID 83702 USA		LINDA JACKSON 305 W JEFFERSON ST BOISE ID 83701-8370		
				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	KATHERINE WILLIAMS	305 W JEFFERSON	BOISE	ID	USA	83702
VICE PRESIDENT	BRANDON ISAACS DO	305 W JEFFERSON	BOISE	ID	USA	83702
DIRECTOR	KYLE PALMER MD	305 W JEFFERSON	BOISE	ID	USA	83702
PRESIDENT	JOSEPH WILLIAMS MD	305 W JEFFERSON	BOISE	ID	USA	83702
TREASURER	STACIA MUNN, MD	305 W JEFFERSONPO	BOISE	ID	USA	83702
DIRECTOR	DANIEL REED MD	305 W JEFFERSON	BOISE	ID	USA	83702
DIRECTOR	MICHEAL ADCOX	305 W JEFFERSON	BOISE	ID	USA	83702
DIRECTOR	MICHAEL SANT	305 W JEFFERSON	BOISE	ID	USA	83702
5. Organized Under the Laws of:  <b>ID C 187162</b>		6. Annual Report must be signed.* Signature: Steven Reames Name (type or print): Steven Reames Date: 05/18/2015 Title: Executive Director				
Processed 05/18/2015		* Electronically provided signatures are accepted as original signatures.				