No. <b>C 190778</b>		Due no later than Apr 30, 2017		2. Registered Age	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.  ACHC PATIENT ASSISTANCE FOUNDATION, INC.  GENE SHOUP PO BOX 375			GENE SHOUP 205 N BERKLEY AVE COUNCIL ID 83612			
NO FILING FEE IF RECEIVED BY DUE DATE		COUNCIL ID 83612		3. <u>New</u> Registered	3. New Registered Agent Signature:*			
4. Corporations: Enter Na	mes and Busin	ess Addresses of Pre	esident, Secretary, and Directors. Treasu	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
VICE PRESIDENT	GEOFF COLE		2451 HWY 95	COUNCIL	ID	USA	83612	
DIRECTOR	DOUGLAS LINFORD, DO		205 N. RAILROAD ST.	COUNCIL	ID	USA	83612	
TREASURER	GENE SHOUP		P.O. BOX 873	COUNCIL	ID	USA	83612-0873	
SECRETARY	SHERIDAN JENKINS		102 1ST AVE	COUNCIL	ID	USA	83612-0873	
DIRECTOR	LAURA CAMP		2388 MILL CREEK RD.	COUNCIL	ID	USA	83612-0873	
DIRECTOR	JEAN COLE		2466 HWY 95	COUNCIL	ID	USA	83612-0873	
PRESIDENT	MISTY ROBERTSON		P.O. BOX 876	MCCALL	ID	USA	83638	
DIRECTOR	RUTH RAFA	CZ	501 INDIAN VALLEY ROAD	INDIAN VALLEY	ID	USA	83632	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 190778		Signature: Gene Shoup			Date: 04/20/2017			
		Name (type or print): Gene Shoup		Т	Title: Treasurer			
Processed 04/20/2017 * Electronically provided signatures are accepted as original signatures.								