No. C 187162		Due no later than May 31, 2018 Annual Report Form		2. Registered A	2. Registered Agent and Address (NO PO BOX) STEVEN REAMES			
Return to:								
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ADA COUNTY MEDICAL SOCIETY FOUNDATION, INC. STEVEN REAMES 305 W JEFFERSON BOISE ID 83702-6047		BOISE ID	305 W JEFFERSON ST BOISE ID 83702-6047 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Na	ames and Busin	ess Addresses of Pre	sident, Secretary, and Directors. Treasu	rer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	DAN REED, MD		305 W JEFFERSON ST	BOISE	ID	USA	83702	
DIRECTOR	KATIE SCHNEIDER, MD		305 W JEFFERSON ST	BOISE	ID	USA	83702	
DIRECTOR	JAMES WHITAKER, DO		305 W JEFFERSON ST	BOISE	ID	USA	83702	
VICE PRESIDENT	MICHEAL ADCOX, MD		305 W JEFFERSON	BOISE	ID	USA	83702	
PRESIDENT	MICHAEL SANT, MD		305 W JEFFERSON	BOISE	ID	USA	83702	
DIRECTOR	ELIZABETH ATNIP, MD		305 W JEFFERSON STREET	BOISE	ID	USA	83702	
DIRECTOR	STEPHANIE HODSON, MD		305 W JEFFERSON STREET	BOISE	ID	USA	83702	
DIRECTOR THOMAS PINTAR, MD			305 W JEFFERSON ST	BOISE	ID	USA	83702	
DIRECTOR	ALICE BLAKE	E, MD	305 W JEFFERSON	BOISE	ID	USA	83702	
5. Organized Under the Laws of:		6. Annual Report mu						
ID		Signature: steven reames		Date	Date: 05/24/2018			
C 187162		Name (type or print): steven reames		Title	Title: executive director			
Processed 05/24/2018 * Electronically provided signatures are accepted as original signatures.								