

<b>No. C 99643</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>Due no later than Sep 30, 2000          Annual Report Form</b> 1. Mailing Address - Correct in this box, if applicable ONEIDA COUNTY HEALTHCARE FOUNDATION SHELLEY THORPE <i>Julie Bastian</i> 150 N 200 W  MALAD CITY, ID 83252	2. Registered Agent and Office <b>NO PO BOX</b> <del>SHELLEY THORPE</del> <i>Julie Bastian</i> 150 N 200 W  MALAD CITY, ID 83252  3. <u>New</u> Registered Agent Signature																														
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Pres.</td> <td>Bonnie Howard</td> <td>1570 W 1500 So</td> <td>Malad</td> <td>Idaho</td> <td>83252</td> </tr> <tr> <td>V. Pres.</td> <td>Kathy Dawson</td> <td>2870 W 2000 No</td> <td>Malad</td> <td>Idaho</td> <td>83252</td> </tr> <tr> <td>Sec</td> <td>Cindy Smith</td> <td>1550 W 1000 No</td> <td>Malad</td> <td>Idaho</td> <td>83252</td> </tr> <tr> <td>Trea</td> <td>Julie Bastian</td> <td>1150 No 5600 W</td> <td>Malad</td> <td>Idaho</td> <td>83252</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	Pres.	Bonnie Howard	1570 W 1500 So	Malad	Idaho	83252	V. Pres.	Kathy Dawson	2870 W 2000 No	Malad	Idaho	83252	Sec	Cindy Smith	1550 W 1000 No	Malad	Idaho	83252	Trea	Julie Bastian	1150 No 5600 W	Malad	Idaho	83252
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5. Organized Under the Laws of:  IDAHO C 99643	6. Signature <u><i>Julie Bastian</i></u> Date <u>8-8-2000</u> Name (Typed or Printed) <u>Julie Bastian</u> Title: <u>Treasurer</u> <small>Time XXXX</small>																															