

No. C 68938		Due no later than Jan 31, 2018		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. GLENNS FERRY HEALTH CENTER, INC. MARY FERGUSON 2280 AMERICAN LEGION BLVD MOUNTAIN HOME ID 83647 USA		MARY FERGUSON 486 WEST FIRST AVE GLENNS FERRY ID 83623		
				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	MARIA MORALES	PO BOX 266	GLENNS FERRY	ID	USA	83623
DIRECTOR	RICHARD VIOLA	PO BOX 266	GLENNS FERRY	ID	USA	83623-0266
DIRECTOR	TERRY GEIS	PO BOX 266	GLENNS FERRY	ID	USA	83623-0266
DIRECTOR	SANDRA CANTRELL	PO BOX 266	GLENNS FERRY	ID	USA	83623-0266
SECRETARY	LENORE JONES	PO BOX 266	GLENNS FERRY	ID	USA	83623-0266
VICE PRESIDENT	DAVID TINDALL	PO BOX 266	GLENNS FERRY	ID	USA	83623-0266
TREASURER	PAUL SHRUM	PO BOX 266	GLENNS FERRY	ID	USA	83623-0266
PRESIDENT	VICKI SMITH	PO BOX 266	GLENNS FERRY	ID	USA	83623-0266
DIRECTOR	DARLA RHODES	PO BOX 266	GLENNS FERRY	ID	USA	83623-0266
DIRECTOR	MARICELLA MESILLAS	PO BOX 266	GLENNS FERRY	ID	USA	83623-0266
5. Organized Under the Laws of: ID C 68938		6. Annual Report must be signed.* Signature: Sharlet Wilson Name (type or print): Sharlet Wilson Date: 02/22/2018 Title: Administrative Assistant				
Processed 02/22/2018		* Electronically provided signatures are accepted as original signatures.				