No. C 134856		Due no later than Jul 31, 2015			2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			LOUIS KRAMI 98 POPLAR ST BLACKFOOT ID 83221 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. BINGHAM HEALTH CARE FOUNDATION, INC (THE) DUSTIN NICHOLS 98 POPLAR ST BLACKFOOT ID 83221		Q				
				3.				
4. Corporations: Enter Na	ames and Busin	ess Addresses of	President, Secretary, and Directors. Trea	asurer (opt	ional).			
Office Held	Name		Street or PO Address	C	City	State	Country	Postal Code
TREASURER DIRECTOR			98 POPLAR 98 POPLAR		LACKFOOT LACKFOOT	ID ID	USA USA	83221-1758 83221-1758
PRESIDENT NORM STAN			98 POPLAR	_	LACKFOOT	ID	USA	83221-1758
5. Organized Under the Laws of:		6. Annual Repor	t must be signed.*					
ID C 134856		Signature: DUSTIN NICHOLS			Date: 06/18/2015			
		Name (type or print): DUSTIN NICHOLS			Title: TREASURER			
Processed 06/18/2015		* Electronically p	rovided signatures are accepted as origir	nal signatu	res.			