

No. <b>C 116517</b>		<b>Due no later than Sep 30, 2013</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  ONEIDA COUNTY HOSPITAL FOUNDATION, INC. KATHY HUBBARD 150 N 200 W PO BOX 126 MALAD CITY ID 83252		KATHY HUBBARD 150 N 200 W MALAD CITY ID 83252			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	
TREASURER	KATHY HUBBARD	150 N 200 W	MALAD	ID	USA	83252	
PRESIDENT	CURT ELCOCK	678 NORTH 100 WEST	MALAD	ID	USA	83252	
VICE PRESIDENT	ARLINDA CHRISTOPHERSEN	PO BOX 173 625 EAST 10820 NORTH	MALAD	ID	USA	83252	
SECRETARY	REBECCA FIRTH	616 WEST 1500 SOUTH	MALAD	ID	USA	83252	
DIRECTOR	ELAINE MILLS	2345 WEST SAMARIA ROAD	MALAD	ID	USA	83252	
DIRECTOR	DESTINY SPACKMAN	1935 SOUTH 4600 WEST	MALAD	ID	USA	83252	
DIRECTOR	ELAINE BOHN	247 SAMARIA LANE	MALAD	ID	USA	83252	
DIRECTOR	RACHEL MADSEN	4994 NORTH DANIELS	MALAD	ID	USA	83252	
DIRECTOR	ROLAND KELLER	70 S 70 E	MALAD	ID	USA	83252	
5. Organized Under the Laws of:  <b>ID</b> <b>C 116517</b>		6. Annual Report must be signed.*  Signature: Kathy Hubbard Name (type or print): Kathy Hubbard					
		Date: 07/17/2013 Title: Treasurer					
Processed 07/17/2013      * Electronically provided signatures are accepted as original signatures.							