

No. C 118300		Due no later than Feb 28, 2009 Annual Report Form		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		1. Mailing Address: Correct in this box if needed. BEAR LAKE VALLEY HEALTH CARE FOUNDATION, INC. CRAIG H THOMAS 164 S 5TH ST MONTPELIER ID 83254		CRAIG THOMAS 164 S 5TH ST MONTPELIER ID 83254			
						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	
PRESIDENT	ROBERT MILLER	262 NORTH 3RD ST.	MONTPELIER	ID	USA	83254	
SECRETARY	JARED SHARP	PO BOX 154	MONTPELIER	ID	USA	83254	
DIRECTOR	GAY BURDICK	522 NORTH 5TH ST.	MONTPELIER	ID	USA	83254	
DIRECTOR	GLENN DAYTON	424 SOUTH 7TH	MONTPELIER	ID	USA	83254	
DIRECTOR	LINDA ARNELL	441 JEFFERSON ST.	MONTPELIER	ID	USA	83254	
DIRECTOR	DEAN WIGINGTON	632 JEFFERSON ST.	MONTPELIER	ID	USA	83254	
DIRECTOR	KLISS SPARKS	P.O. BOX 242	COKEVILLE	WY	USA	83114	
DIRECTOR	CLARA DAYTON	PO BOX 296	COKEVILLE	WY	USA	83114	
DIRECTOR	DAVID BRUNNER	661 ADAMS ST.	MONTPELIER	ID	USA	83254	
DIRECTOR	VERONICA A WILLIAMSON	427 GARFIELD ST	MONTPELIER	ID	USA	83254	
DIRECTOR	MONTY WESTON	1199 LANARK ROAD	OVID	ID	USA	83254	
DIRECTOR	JUDY VANDEREN	220 NORTH 5TH ST	MONTPELIER	ID	USA	83254	
DIRECTOR	CRAIG H. THOMAS	164 SO. 5TH ST.	MONTPELIER	ID	USA	83254	
DIRECTOR	ROD JACOBSON	164 SO. 5TH ST.	MONTPELIER	ID	USA	83254	
5. Organized Under the Laws of: ID C 118300		6. Annual Report must be signed.* Signature: Craig H Thomas Name (type or print): Craig H Thomas					
Processed 12/22/2008		Date: 12/22/2008 Title: Executive Director * Electronically provided signatures are accepted as original signatures.					