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|--|-----------------|--|--------------|--|---------|-------------|--|
| No. C 108619 | | Due no later than Dec 31, 2013 | | 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. CARIBOU MEMORIAL HOSPITAL FOUNDATION, INC. MICHAEL PECK 300 SOUTH 3RD W SODA SPRINGS ID 83276 USA | | MICHAEL PECK 300 S 3RD W SODA SPRINGS ID 83276 | | | |
| | | | | 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 | FRANK CHADWICK | P.O. BOX 486 | SODA SPRINGS | ID | USA | 83276 | |
| DIRECTOR | GEORGE HULSE | 1824 LUND RD | BANCROFT | ID | USA | 83217 | |
| PRESIDENT | S. BART SIMMONS | P.O. BOX 286 | GRACE | ID | USA | 83241 | |
| SECRETARY | MARY OBRAY | P.O. BOX 638 | SODA SPRINGS | ID | USA | 83276 | |
| 5. Organized Under the Laws of: ID C 108619 | | 6. Annual Report must be signed.* Signature: Michael D. Peck Name (type or print): Michael D. Peck Date: 10/23/2013 Title: Assistant Administrator CMH | | | | | |
| Processed 10/23/2013 | | * Electronically provided signatures are accepted as original signatures. | | | | | |