No. <b>C 139691</b>	Due no later than Jun 30, 2010	2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	Annual Report Form  1. Mailing Address: Correct in this box if needed.  TRI-STATE HOSPITAL FOUNDATION SHELLEY WILLIAMS PO BOX 636 CLARKSTON WA 99403	TINA KERNAN 1229 MAIN ST LEWISTON ID 83501  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE					
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 SHARON HUNDE SECRETARY DAN HUNDE		CLARKSTON LEWISTON	WA ID	USA USA	99403 83501
5. Organized Under the Laws of:	6. Annual Report must be signed.*				
WA	Signature: Shelley Williams	Date: 07/19/2010			
C 139691	Name (type or print): Shelley Williams	Title: Foundation Director			
Processed 07/19/2010	* Electronically provided signatures are accepted as original signatures.				