

No. C106610	Annual Report Form Due No Later Than November 30, 1996	2. Registered Agent and Office NOT A P.O. BOX <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> CHRIS TILT 283 NORTH FIRST EAST DRIGGS ID 83422 </div> 3. Organized Under the Laws of: <div style="border: 1px solid black; padding: 5px;"> ID C106610 </div>
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> TETON VALLEY HEALTH CARE FOU CHRIS TILT P O BOX 728 </div> <div style="border: 1px solid black; padding: 5px;"> DRIGGS ID 83422 </div>	

4. Corporations: Enter Names and Addresses of **President, Secretary and Directors**
 Limited Liability Companies: Enter Names and Addresses of ☐ **Managers** or ☐ **Members** (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
President	Chris Tilt	148 grouse Run Rd	Tetonia	ID	83452
Secretary	Jan Betts	PO Box 102	Driggs	ID	83422
Director	Bob Nelson	PO Box 436	Driggs	ID	83422
Director	Dr. Wm Walsh	PO Box 603	Driggs	ID	83422
Director	Nelda Ricks	PO Box 422	Driggs	ID	83422
Director	Stacy Stewart	PO Box 708	Driggs	ID	83422
Director	Susan Kunz	PO Box 728	Driggs	ID	83422

5. **NATURE OF BUSINESS**

SUPPORT FOR TETON VALLEY HOSPITAL

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.
 Signature Christina P. Tilt Date 7-17-96
 Name (Type or Printed) Chris Tilt Title President

ISSUED: 07-06-1996

9051