

Annual Report Form

1993

Due No Later Than November 30,

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

SHOSHONE MEDICAL CENTER FOUN
BRAD CORRILL
JACOBS GULCH

KELLOGG

ID 83837

2. Registered Agent and Office NOT A P.O. BOX

BRAD CORRILL CORRILL
14445 SHADY LN

CATALDO ID 83810

3. Organized Under the Laws of:

ID C 92329

4. Corporations: Enter Names and Business 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	BRAD CORRILL	14445 SHADY LANE	CATALDO	ID	83810
SECRETARY	SUSAN MORRIS	715 E LARCH	OSBURN	ID	83849
VICE-PRESIDENT	BOB STOVERN	300 COUNTRY CLUB LN	PINEHURST	ID	83850
TREASURER	TERESA SEELY	209 EMERALD DR.	KELLOGG	ID	83837
DIRECTOR	TINA ST. CLAIR	230 RIO VISTA	OSBURN	ID	83849
DIRECTOR	MADELINE HAUGHN	606 LHM ST.	PINEHURST	ID	83850
DIRECTOR	JULI ZOOK	730 E. FIR	OSBURN	ID	83849
DIRECTOR	JOHN YERGLER	502 W. CAMERON	KELLOGG	ID	83837

5. Signature of New Registered Agent

6.

Signature

Name (Typed or Printed)

Date

Title

11/18/1998

PRESIDENT

ISSUED: 07-03-1998

DO NOT TAPE OR STAPLE

28504