

No. <b>71993</b> Return To <b>Secretary of State</b> <b>Room 203, Statehouse</b> <b>Boise, ID 83720</b>  <b>NO FEE REQUIRED</b>	<b>Idaho Corporation Annual Report Form</b> Due No Later Than November 1, 1990 1. Mailing Address — Please Correct <b>MERCY MEDICAL CENTER AUXILI</b> <b>BETTY HARKER</b> <b>1512 12TH AVENUE ROAD</b>  <b>NAMPA ID 83651</b>	2. Registered Agent and Office <b>BETTY HARKER</b> <b>1512 12TH AVENUE ROAD</b>  <b>NAMPA ID 83651 15</b> 3. Incorporated Under The Laws of <b>ID</b> <b>NO: 071993</b>
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## 4. Names and Addresses of Officers and Directors

	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President:	<i>Goree Truksa</i>	<i>1605 Park Ave</i>	<i>Nampa</i>	<i>Id</i>	<i>83687</i>
Secretary:	<i>Dorothy Lendinard</i>	<i>103-11<sup>th</sup> Av So. E. T.</i>	<i>Nampa</i>	<i>Id</i>	<i>83686</i>
Directors:	<i>Keitha Jessel</i>	<i>702 C State St</i>	<i>Nampa</i>	<i>Id.</i>	<i>83457</i>

## 5. Nature of Business

*Hospital Gift Shop*

## 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 <i>Goree Truksa</i>	Date <i>10/15/90</i>
Name (Typed or Printed) <b>GOREE TRUKSA</b>	Title <i>Auxiliary President</i>