No. C 92329		Due no later than May 31, 2009		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		CONTROL (1900) PROVIDE A SECOND CONTROL (1900)	NANCY PEACOCK			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.		CONTRACTOR AND ADDRESS AND ADD	25 JACOBS GULCH SMC FOUNDATION			
		SHOSHONE MEDICAL CENTER FOUNDATION, INCORPORATED MARY L BREN 25 JACOBS GULCH		FED				
		KELLOGG ID 83837		3. <u>New</u> Registere	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Corporations: Enter Na	ames and Busin	ess Addresses of Pres	ident, Secretary, and Directors. Treasur	er (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	MARY BREN		202 W RIVERSIDE AVENUE	KELLOGG	ID	USA	83837	
TREASURER			PO BOX 119	SILVERTON	ID	USA	83867	
SECRETARY			PO BOX 119	SILVERTON	ID	USA	83867	
PRESIDENT	LAWANNA WATTS		PO BOX 150	PINEHURST	ID	USA	83850	
5. Organized Under the Laws of: 6		6. Annual Report must be signed.*						
ID C 92329		Signature: Mary L. Bren		Date: 04	Date: 04/30/2009			
		Name (type or print): Mary L. Bren		Title: E	Title: Executive Director			
* Electronically provided signatures are accepted as original signatures.								