INSTRUCTIONS ON REVERSE SIDE

No. 81402

Idaho Corporation Annual Report Form

Due No Later Than November 30, 1995

Return To

Secretary of State
700 W Jefferson
P.O. Box 83720
Boise, ID 83720-0080

* FIRST NOTICE *
NO FEE REQUIRED

1. Mailing Address – *Please Correct If Not Correct*

HOSPICE OF BENEWAH COUNTY, INC.
NANCY HAMMOND
P. O. BOX 531

ST. MARIES ID 83861

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

NANCY HAMMOND
ROOM 226
FEDERAL BUILDING
ST. MARIES ID 83861

3. Incorporated Under The Laws of

ID
NO: 81402

4. Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Postal Code
President:	Dave Hagan	HC-02 Box 120Z	St. Maries		Id83861
Secretary:	Pam Hil	270 2nd Milltown	St.Maries,		Id83861
Directors:	Steve Hammond	1940 Boun dry	St. Maries,		Id83861
	Mary Greer	2301 St. Maries Ave.	St. Maries,		Id83861
	Keith Olson	P.O. Box 361	St. Maries,		Id83861
	Bonnie Olson	" " "	St. Maries,		Id83861
	Susan Hagan	HC-02 Box 120Z	St. Maries,		Id83861
	Mary Riley	Box 388	Plummer		Id83851
	Marlene Lambert	" "	Plummer,		Id83851
	Gary Foster	HC-04 Box 80	St. Maries,		Id83861
	Rich Christesen	P.O. Box 432	St. Maries,		Id83861
	Diane Magone	1145 S.4th St.	St. Maries,		Id83861
	Sue Clark	98 Meadowhurst	St. Maries,		Id83861

5. Nature of Business

Respite care for terminally ill

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 Nancy J. Hammond Date 7-17-95

Name (Typed or Printed) Nancy J. Hammond Title Office Coordinator