No. C 135741	Due no later than Sep 30, 2002 Annual Report Form 1. Mailing Address - Correct in this box, if applicable ST. MARIES VOLUNTEER COMMUNITY CLIN PANHANDLE HEALTH CLINIC P. O. Box 566 THE JEFFERSON AVE ST. MARIES, ID 83861 - O 566		2. Registered Agent and Office NO PO BOX	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			NANCY L BENDER 711 JEFFERSON AVE ST. MARIES, ID 83861 3. New Registered Agent Signature	
NO FILING FEE IF RECEIVED BY DUE DATE			and Directors	
A. Maran	es and Business Addresses of Presi Street or P.O. Address	City	State	<u>Zip</u> 83861
fres. Peggy Chuala V.P. Rose Hendersc	P.O. BOX 146 On 146 4 BOX 94A			.,
Sec. Colleen Smit	H HC4 BOX31 ler 87692 Hwy3N	i (ir	tj
As Dove Cohmite	311-14-	11	. e • t	.,
Oir Kay Sather Oir. Bill Eimers	2129 W. Idaho	1/	11	U
5. Organized Under the Laws of: IDAHO C 135741	6. Signature Maucy Name Printed or NANC	Bendu + BENDE	Date	1-22-02 Nas.
Issued 07/01/2002	Do Not Tape or S	taple		3696