

No. 00137	Annual Report Form Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED ** FINAL NOTICE **	1. Mailing Address - Please Correct, If Not Correct IDAHO RURAL HEALTH EDUCATION HARTZELL J CORBS XXXXXXXXXX 1607 W. JEFFERSON ST. BOISE ID 83702 ID XXXXXX		HARTZELL CORBS 950 N COLE BOISE ID 83702
		3. Organized Under the Laws of: ID C 85239	

4. Corporations: Enter Names and 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	CAROL TAYLOR, MSW	TETON VALLEY HOSPITAL BOX 728	DRIGGS,	ID	83422
SECRETARY	SALLY LUKE, NP	TETON VALLEY MED. CENTER BOX 29	DRIGGS,	ID	83422
DIRECTORS	MIKE LASKOWSKI	WAMI MEDICAL PROG SHB 304 U OF I	MOSCOW,	ID	83843
	ROBIN DODSON PHD	LEN B. JORDAN OFFICE BUILDING	BOISE,	ID	83720
	GRETCHEN DIMICO, PHD	RT 2, BOX 26E	ST. MARIES,	ID	83861
	JIM BLACKMAN, MD	ID FAMILY PRACTICE RES. 777 N. RAYMOND	BOISE,	ID	83704
	CHRIS MALLOY, DDS	360 E. LIBERTY	WEISER,	ID	83672
	CHERYL JUNTENEN	324 2ND ST. E. PO BOX 547	TWIN FALLS,	ID	83303
	GREG NELSON, DVM	PO BOX 167	BOISE,	ID	83701

5. NATURE OF BUSINESS

HEALTH EDUCATION

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 Carol Taylor Date _____
 Name (Typed or Printed) CAROL TAYLOR Title PRESIDENT

ISSUED: 10-05-1996

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