

FILED EFFECTIVE

No. C 153236	Reinstatement Annual Report Form ADMIN DISSOLVED 05/05/2010		2. Registered Agent and Office (NOT A P.O. BOX) SHARON PIRENTE 450 E MAIN REXBURG ID 83440																													
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. MADISON MEMORIAL HOSPITAL FOUNDATION, INC. SHARON PIRENTE 450 E MAIN REXBURG ID 83440 USA		3. <u>New</u> Registered Agent Signature.																													
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Bruce Sutherland</td> <td>126 Birch</td> <td>Rexburg</td> <td>ID</td> <td>USA</td> <td>83440</td> </tr> <tr> <td>Secretary</td> <td>Julie Gneiting</td> <td>566 N 3400 E</td> <td>Lewisville</td> <td>ID</td> <td>USA</td> <td>83431</td> </tr> <tr> <td>Treasurer</td> <td>Jay Rush</td> <td>980 Hillview Dr</td> <td>Rexburg</td> <td>ID</td> <td>USA</td> <td>83440</td> </tr> </tbody> </table>					Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Bruce Sutherland	126 Birch	Rexburg	ID	USA	83440	Secretary	Julie Gneiting	566 N 3400 E	Lewisville	ID	USA	83431	Treasurer	Jay Rush	980 Hillview Dr	Rexburg	ID	USA	83440
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5. Organized Under the Laws of: IDAHO C 153236		6. Signature: <u>Sharon Pirente</u> Date: <u>7/13/10</u> Name (type or print): <u>Sharon Pirente</u> Title: <u>exec. Dir of Foundation</u>																														
Issued 05/12/2010 by DK1																																

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM