

No. C 76750	Annual Report Form Due No Later Than November 30, 1996	2. Registered Agent and Office NOT A P.O. BOX KENNETH W ARCHER 1120 MONTANA STREET GOODING ID 83330			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct GOODING COUNTY MEMORIAL HOSP GOODING MEMORIAL HOSPITAL 1120 MONTANA STREET GOODING ID 83330	3. Organized Under the Laws of: ID C 76750			
* FIRST NOTICE *					
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Duane Cutright	454 River Rd.	Bliss	Id.	83314
Secretary	Frances Guinn	438 Orchard Dr.	Gooding	Id.	83330
Treasurer	Susan Faulkner	1997 S. 1875 E.	Gooding	Id.	83330
Director	Nancy Adams	2091 E. 1400 S.	Gooding	Id.	83330
Director	Clive Pope	1888 S. 1750 E.	Gooding	Id.	83330
Director	Doug Shrank	1148 E. 2900 S.	Hagerman	Id.	83332
Director	Ruby Jenkins	Box 66	Bliss	Id.	83314
5. NATURE OF BUSINESS HEALTH CARE		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 <u>Susan Faulkner</u> Date <u>7-21-96</u> Name (Typed or Printed) <u>SUSAN Faulkner</u> Title <u>Treasurer</u>			

ISSUED: 07-06-1935

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