

No. C 81402		Due no later than May 31, 2011		2. Registered Agent and Address (NO PO BOX)		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. HOSPICE OF BENEWAH COUNTY, INC. GAIL RESSER 702 W. COLLEGE AVE ST. MARIES ID 83861-1824 USA		GAIL RESSER 90 S SECOND STREET SANTA ID 83866		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	MAUREEN HOWARD	140 KARLEY LANE	ST MARIES	ID	USA	83861
DIRECTOR	BETTY BRAMBLETT	1151 JUNIPER DR	ST MARIES	ID	USA	83861
DIRECTOR	DEBBIE STOGSDILL	PO BOX 77	ST MARIES	ID	USA	83861
PRESIDENT	LARRY STOGSDILL	PO BOX 77	ST MARIES	ID	USA	83861
TREASURER	GAYLE WEMHOFF	1945 CENTER ST	ST MARIES	ID	USA	83861
SECRETARY	JOSEPHINE JELLISON	109 E COLLEGE #17	ST MARIES	ID	USA	83861
PRESIDENT	VIRGINIA G OAKES	PO BOX 471	ST MARIES	ID	USA	83861
5. Organized Under the Laws of: ID C 81402		6. Annual Report must be signed.* Signature: Gail Resser Name (type or print): Gail Resser Date: 03/16/2011 Title: Coordinator				
Processed 03/16/2011		* Electronically provided signatures are accepted as original signatures.				