

No. C 75369		Due no later than Mar 31, 2010 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. CASCADE MEDICAL CENTER FOUNDATION, INC. JOHN ERNSBERGER PO BOX 964 CASCADE ID 83611		ARCHIE BANBURY 180 DUFFERS LANE CASCADE ID 83611			
NO FILING FEE IF RECEIVED BY DUE DATE				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	
PRESIDENT	GENE NOVOTNY	126 BOGIE DR	CASCADE	ID	USA	83611	
DIRECTOR	PEGGY GOSSI	P.O. BOX 379	CASCADE	ID	USA	83611	
DIRECTOR	TERI COOMBS	PO BOX 927	CASCADE	ID	USA	83611	
TREASURER	JOHN ERNSBERGER	P.O. BOX 915	CASCADE	ID	USA	83611	
DIRECTOR	ARCHIE BANBURY	180 DUFFERS LANE	CASCADE	ID	USA	83611	
DIRECTOR	KATIE DURFEE	P.O. BOX 961	CASCADE	ID	USA	83611	
DIRECTOR	JACK KNOBLOCK	P.O. BOX 464	CASCADE	ID	USA	83611	
SECRETARY	DONNA PETERSEN	P.O. BOX 458	CASCADE	ID	USA	83611	
DIRECTOR	KEN POSTMA	P.O. BOX 522	CASCADE	ID	USA	83611	
DIRECTOR	HELEN RICE	P.O. BOX 536	COUNCIL	ID	USA	83612	
DIRECTOR	MARILYN WHITSON	P.O. BOX 770	CASCADE	ID	USA	83611	
DIRECTOR	GARY YOUNG	P.O. BOX 716	CASCADE	ID	USA	83611	
5. Organized Under the Laws of: ID C 75369		6. Annual Report must be signed.* Signature: Teri Coombs Name (type or print): Teri Coombs					
		Date: 04/09/2010 Title: Vice President					
Processed 04/09/2010 * Electronically provided signatures are accepted as original signatures.							