| No. <b>C 72155</b>   |   | Due no later than Feb 28, 2010   |                                  | 2. Registered Agent and Address (NO PO BOX)  |             |       |         |             |
|--|---|--|----------------------------------|--|-------------|-------|---------|-------------|
| Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  |   | Annual Report Form  1. Mailing Address: Correct in this box if needed.  MCCALL MEMORIAL HOSPITAL FOUNDATION, INC. HOLLY MCDONALD 1000 STATE ST MCCALL ID 83638 |                                  | LYLE NELSON  1000 STATE STREET  MCCALL MEMORIAL HOSPITAL  MCCALL ID 83638  3. New Registered Agent Signature:* |             |       |         |             |
| NO FILING FEE IF RECEIVED BY DUE DATE  |   |  |                                  |  |             |       |         |             |
| The state of the s |   | ess Addresses of Preside   | nt, Secretary, and Directors. Tr | easurer (  |             |       | _       |             |
| Office Held  | Name  |  | Street or PO Address             |  | City        | State | Country | Postal Code |
| TREASURER GORDON CO  |   |  | PO BOX 283                       |  | DONNELLY    | ID    | USA     | 83615       |
|  | JOHN HUCKS  |  | PO BOX 737                       |  | NEW MEADOWS | ID    | USA     | 83654       |
| PRESIDENT JOHN HUCKS   |   | 5  | PO BOX 737                       |  | NEW MEADOWS | ID    | USA     | 83654       |
| 5. Organized Under the Laws of:  |   | 6. Annual Report must be signed.*  |                                  |  |             |       |         |             |
| ID   |   | Signature: Holly Mcdonald  |                                  | Date: 03/23/2010   |             |       |         |             |
| C 72155  |   | Name (type or print): Holly Mcdonald   |                                  | Title: Dir Of Acctg  |             |       |         |             |
| Processed 03/23/2010   | * Electronically provided signatures are accepted as original signatures. |  |                                  |  |             |       |         |             |