No. C 81402 Return to:		Due no later than May 31, 2015 Annual Report Form		2. Registered A	2. Registered Agent and Address (NO PO BOX) VIRGINIA L OAKES 1117 MIAN AVE STE 11 ST MARIES ID 83861 3. New Registered Agent Signature:*			
				VIRGINIA L				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed.						
		HOSPICE OF BENEWAH COUNTY, INC. 307 W JEFFERSON AVE ST. MARIES ID 83861-1824 USA						
4. Corporations: Enter	Names and Busin	ess Addresses o	of President, Secretary, and Directors. Treas	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
TREASURER	GAYLE WEM		1945 CENTER ST	ST MARIES	ID	USA	83861	
SECRETARY			PO BOX 77	ST MARIES	ID	USA	83861	
VICE PRESIDENT			PO BOX 77	ST MARIES	ID	USA	83861	
PRESIDENT	VIRGINIA G	OAKES	PO BOX 471	ST MARIES	ID	USA	83861	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 81402		Signature: \	Virginia L Oakes		Date: 06/22/2015			
		Name (type	or print): Virginia L Oakes		Title: President			
Processed 06/22/2015	•	* Electronically	provided signatures are accepted as original	al signatures.			•	