

C 99643

Annual Report Form

1997

Due No Later Than November 30,

2. Registered Agent and Office NOT A P.O. BOX

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

ONEIDA COUNTY HEALTHCARE FOU
SHELLEY THORPE
150 N 200 W

SHELLY THORPE
150 N 200 W
MALAD CITY ID 83252

* FIRST NOTICE *

MALAD CITY ID 83252

3. Organized Under the Laws of:
ID C 99643

4. Corporations: Enter Names and Business Addresses of **President, Secretary and Directors**

Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
President	Dianne Pett	255 N. 100 W.	Malad	Idaho	83252
Vice President	Loraine Neal	2248 W. No. String Rd.	Malad	Idaho	83252
Treasurer	Shelley Thorpe	421 N. Main	Malad	Idaho	83252
Secretary	Shelley Thorpe	421 N. Main	Malad	Idaho	83252

5.

6.
Signature Dianne B. Pett Date _____
Name (Typed or Printed) Dianne B. Pett Title President

ISSUED: 07-04-1997

↓ DO NOT TAPE OR STAPLE ↓

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