

<b>No. 80362</b>  Return To  <b>Secretary of State Room 203, Statehouse Boise, ID 83720</b>  <b>NO FEE REQUIRED</b>	<b>Idaho Corporation Annual Report Form</b>  <i>Due No Later Than November 1, 1990</i>  1. Mailing Address — <i>Please Correct</i>  <b>LAKE CITY HEALTH CARE, INC. LIDWIN DIRNE 625 HAYCRAFT</b>  <b>COEUR D'ALENE ID 83814</b>	2. Registered Agent and Office  <b>LIDWIN DIRNE</b> <del>1507 BIRCH, APT. 6-</del> 2021 North 15th <b>COEUR D'ALENE ID 83814</b>  3. Incorporated Under The Laws of <b>ID</b>  <b>NO: 080362</b>
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4. Names and Addresses of Officers and Directors					
	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President:	Sandy Mamola	802 Kidd Island Road	Cd'A, ID		83814
Secretary:	Lorrie Russel	122 Maplewood Drive	Post Falls, ID		83854
Directors:	Robyn Phelps-	Community Welfare Services, 501 Gov't Way	Cd'A, ID		83814
	Alan Wasserman-	Idaho Legal Aid Services Inc., 410 Sherman Ave.	Cd'A, ID		83814
	Lorraine Stravens	#. 625 Haycraft	Cd'A, ID		83814
	Lidwin Dirne	2021 North 15th	Cd'A, ID		83814

  

5. Nature of Business <b>providing health care to the uninsured/underinsured</b>	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.  <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">           Signature  <i>Lorraine Stravens</i>            Name (Typed or Printed) <b>Lorraine Stravens</b> </div> <div style="width: 35%;">           Date <b>9-13-90</b>            Title <b>Treasurer</b> </div> </div>
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