No. C 90378		Due no later than Sep 30, 2017		2. Registered Age	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		ALICIA NEELY				
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. BETTY HISE FOR CANCER RESEARCH INC. C/O JULIE E EVEY 1144 RANDALL WAY INDEPENDANCE OR 97351 USA			3503 5TH ST			
				LEWISTON ID	LEWISTON ID 83501			
				3. New Registered Agent Signature:*				
4. Corporations: Enter N	Names and Busin	ess Addresses of Presid	ent, Secretary, and Directors. Treasur	er (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	DORENE EST	ГЕР	P O BOX 1288	HINES	OR	USA	97738	
DIRECTOR	CHERYL BUC	CKHOTZ	P O BOX 11	SCOTTS MILLS	OR	USA	97375	
SECRETARY	JULIE E EVE	Υ	1144 RANDALL WAY	INDEPENDENCE	OR	USA	97351	
DIRECTOR	CAROL MOODY		7491 FETHER COURT SE	TURNER	OR	USA	97392	
DIRECTOR	JUDY GESSFORD		12037 W RADER DRIVE	BOISE	ID	USA	83712	
DIRECTOR	JAN COOPER		8589 SE CONSTANCE DRIVE	HAPPY VALLEY	OR	USA	97086	
DIRECTOR	JEAN FRIEND		8589 SE CONSTANCE DRIVE	HAPPY VALLEY	OR	USA	97086	
TREASURER	SHERRY MAY		4446 PETTIT LANE S E	SILVERTON	OR	USA	97381	
DIRECTOR	rasjan walker		794 WEEKS DRIVE N E	KEIZER	OR	USA	97303-4955	
DIRECTOR	ALICIA NEELY		3503 5TH STREET	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of: 6. Annual Rep		6. Annual Report must	be signed.*					
OR C 90378		Signature: JULIE EVEY		Date: 09/18/2017	Date: 09/18/2017			
		Name (type or print): JULIE EVEY		Title: CORPORATE	Title: CORPORATE SECRETARY			
Processed 09/18/2017		* Electronically provide	d signatures are accepted as original s	signatures.				