

No. C 99643

Annual Report Form
Due No Later Than November 30, 1999

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
MALAD CITY ID 83252

SHELLY THORPE
150 N 200 W
MALAD CITY ID 83252

3. Organized Under the Laws of:
ID C 99643

*** FIRST NOTICE ***

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)

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Dianne Pett	255 N 100 W	Malad	Id	83252
V. President	Kathy Dawson	2870 W 2000 N	Malad	Id	83252
Secretary	Bonnie Howard	1570 W 1500 S	Malad	Id	83252
Treasurer	Julie Bastian	1151 N 5600 W	Malad	Id	83252

5. Signature of New Registered Agent

6. Signature Julie Bastian Date 7/27/99
Name (Typed or Printed) Julie Bastian Title Treasurer

ISSUED: 07-03-1999

2503