No. C 134856		1	Oue no later than Jul 31, 2017 Annual Report Form	2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:			D JEFFER	D JEFFERY DANIELS 98 POPLAR ST BLACKFOOT ID 83221 3. New Registered Agent Signature:*				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.						
		BINGHAM HEALTH CARE FOUNDATION, INC (THE) DANETTE ROBERTS 98 POPLAR ST BLACKFOOT ID 83221						
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Na	ames and Busin	ess Addresses o	f President, Secretary, and Directors. Trea	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
TREASURER	DUSTIN NICHOLS		98 POPLAR	BLACKFOOT	. ID	USA	83221-1758	
DIRECTOR			98 POPLAR	BLACKFOOT		USA	83221-1758	
PRESIDENT NORM STANLEY			98 POPLAR	BLACKFOOT	ID ID	USA	83221-1758	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 134856		Signature: DANETTE ROBERTS				Date: 06/29/2017		
		Name (type or print): DANETTE ROBERTS			Title: DIRECTOR			
Processed 06/29/2017	* Electronically provided signatures are accepted as original signatures.							