

No. <b>C 76750</b>		<b>Due no later than Sep 30, 2012</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  NORTH CANYON MEDICAL CENTER FOUNDATION, INC. BILL CANINE NORTH CANYON MEDICAL CENTER FO 267 NORTH CANYON DR. GOODING ID 83330 USA		LILLIAN EASTERBROOK NORTH CANYON MEDICAL CENTER F 267 N CANYON DR GOODING ID 83330			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	BILL CANINE	NORTH CANYON MEDICAL CENTER FO 267 NORTH CANYON DRIVE	GOODING	ID	USA	83330	
5. Organized Under the Laws of:  <b>ID C 76750</b>		6. Annual Report must be signed.*  Signature: Bill Canine Name (type or print): Bill Canine					
Processed 07/23/2012		* Electronically provided signatures are accepted as original signatures.  Date: 07/23/2012 Title: President					