

No. C 108619		Due no later than Dec 31, 2009		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. CARIBOU MEMORIAL HOSPITAL FOUNDATION, INC. MICHAEL PECK 300 SOUTH 3RD W SODA SPRINGS ID 83276		MICHAEL PECK 300 S 3RD W SODA SPRINGS ID 83276			
				3. <u>New</u> Registered Agent Signature:*			
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	
TREASURER	FRANK CHADWICK	P.O. BOX 486	SODA SPRINGS	ID	USA	83276	
SECRETARY	DAWN CORBETT	P.O. BOX 272	GRACE	ID	USA	83241	
DIRECTOR	BRUCE L. SCHENK	1867 TURNER ROAD	GRACE	ID	USA	83241	
PRESIDENT	S. BART SIMMONS	P.O. BOX 286	GRACE	ID	USA	83241	
5. Organized Under the Laws of: ID C 108619		6. Annual Report must be signed.* Signature: Michael Peck Name (type or print): Michael Peck Date: 11/16/2009 Title: Assistant Administrator CMH					
Processed 11/16/2009		* Electronically provided signatures are accepted as original signatures.					