

No. C 149400		Due no later than May 31, 2013		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. IDAHO RURAL HEALTH ASSOCIATION, INC. DONNA PARKER IDAHO STATE UNIVERSITY 1311 E. CENTRAL DRIVE MERIDIAN ID 83642 USA		KENNY CUTLER 1001 S 8TH AVE BUILDING 15 POCATELLO ID 83209-8174			
				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	
DIRECTOR	CRAIG THOMAS	BEAR LAKE MEMORIAL HOSPITAL 164	MONTPELIER	ID	USA	83254	
DIRECTOR	KYLE KELLUM	SOUTH 5TH STREET	GRANGEVILLE	ID	USA	83530	
DIRECTOR	FELICE LAMPERT	607 W. MAIN ST	ST. MARIES	ID	USA	83861-8174	
DIRECTOR	STEPHANIE SAYEGH	BENEWAH COMM HOSPITAL 229 S. 7TH	ST. MARIES	ID	USA	83861-8174	
TREASURER	ED BAKER	STATE OFFICE OF RURAL HEALTH	BOISE	ID	USA	83720	
DIRECTOR	ROBERT CUOIO	1910 UNIVERSITY DRIVE	BOISE	ID	USA	83725-8174	
SECRETARY	ANNETTE PHILLIPP	850 E. YOUNG STREET	POCATELLO	ID	USA	83201-8174	
DIRECTOR	REX FORCE	ISU-IRH 1311 E. CENTRAL DRIVE	MERIDIAN	ID	USA	83642-8174	
DIRECTOR	TED EPPERLY	921 S 8TH AVE STOP 8357	POCATELLO	ID	USA	83209-8357	
DIRECTOR	STEPHANIE HANSEN	777 N RAYMOND ST BOISE	BOISE	ID	USA	83704-8174	
PRESIDENT		1921 S RIPTIDE AVE	MERIDIAN	ID	USA	83642	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 149400		Signature: Donna Parker		Date: 04/16/2013			
		Name (type or print): Donna Parker		Title: Administrative Assistant			
Processed 04/16/2013		* Electronically provided signatures are accepted as original signatures.					