No. <b>C 152047</b>		Due no later than Dec 31, 2017		2. Registered A	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.  GRITMAN MEDICAL CENTER FOUNDATION, INC. TARRIN WEBER 700 S MAIN ST MOSCOW ID 83843-3046		KARA BESST 700 S MAIN ST MOSCOW ID 83843  3. New Registered Agent Signature:*				
		ess Addresses (	of President, Secretary, and Directors. Treasur	er (optional).				
Office Held	Name	222 / 1441 22323 1	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	CAROL BENI	VETT	700 SOUTH MAIN STREET	MOSCOW	ID	USA	83843	
DIRECTOR	GREG KIMBE		700 SOUTH MAIN STREET	MOSCOW	ID	USA	83843	
PRESIDENT	PAM HAYS		700 SOUTH MAIN STREET	MOSCOW	ID	USA	83843	
TREASURER	JOANN S EV	/ANS	700 SOUTH MAIN STREET	MOSCOW	ID	USA	83843	
DIRECTOR	KARA BESST		700 SOUTH MAIN STREET	MOSCOW	ID	USA	83843	
SECRETARY	JUSTIN MINDEN		700 SOUTH MAIN STREET	MOSCOW	ID	USA	83843	
DIRECTOR	IRECTOR NANCY LYLE		700 SOUTH MAIN STREET	MOSCOW	ID	USA	83843	
DIRECTOR SCOTT GRO		PP	700 SOUTH MAIN STREET	MOSCOW	ID	USA	83843	
DIRECTOR	CAROLYN H	ICKLIN	700 SOUTH MAIN STREET	MOSCOW	ID	USA	83843	
DIRECTOR	ADINA BIELENBERG		700 SOUTH MAIN STREET	MOSCOW	ID	USA	83843	
VICE PRESIDENT			700 SOUTH MAIN STREET	MOSCOW	ID	USA	83843	
DIRECTOR	LIZ SHIRLEY		700 SOUTH MAIN STREET	MOSCOW	ID	USA	83843	
DIRECTOR	TARRIN WE	BER	700 SOUTH MAIN STREET	MOSCOW	ID	USA	83843	
5. Organized Under the Laws of:		6. Annual Rep	ort must be signed.*					
ID C 152047		Signature: Tarrin Weber		Date: 11/29/2017				
		Name (type or print): Tarrin Weber		Title: Development Director				
Processed 11/29/2017		* Flectronically	provided signatures are accepted as original s	ignatures.				