

No. C 153236		Due no later than Feb 29, 2016 <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>		1. Mailing Address: <b>Correct in this box if needed.</b>  MADISON MEMORIAL HOSPITAL FOUNDATION, INC. SHARON PIRENTE 450 E MAIN REXBURG ID 83440 USA		SHARON PIRENTE 450 E MAIN REXBURG ID 83440			
						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	
PRESIDENT	TERRY WILCOX	4553 E 2000 S	REXBURG	ID	USA	83440	
SECRETARY	JULIE GNEYTING	566 N 3400 E	LEWISVILLE	ID	USA	83431	
TREASURER	JAY RUSH	980 HILLVIEW DR.	REXBURG	ID	USA	83440	
DIRECTOR	GARY ARCHIBALD	135 W. MAIN	REXBURG	ID	USA	83440	
5. Organized Under the Laws of:  <b>ID C 153236</b>		6. Annual Report must be signed.*  Signature: Sharon Pirente Name (type or print): Sharon Pirente  Date: 12/22/2015 Title: Executive Director					
Processed 12/22/2015 * Electronically provided signatures are accepted as original signatures.							