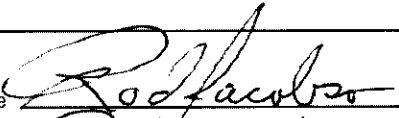
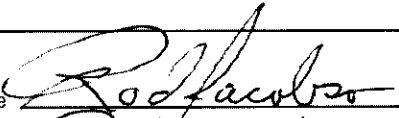
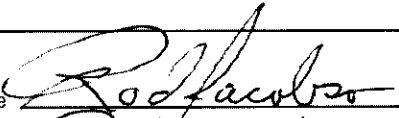


| No. C118300                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Annual Report Form</b> 1999<br><i>Due No Later Than November 30,</i>                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                             | 2. Registered Agent and Office <b>NOT A P.O. BOX</b>                                                             |              |                    |                                                                                    |                               |             |              |                         |              |       |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FEE REQUIRED</b><br><br><b>* FIRST NOTICE *</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1. Mailing Address - Please Correct, If Not Correct</b><br><br>BEAR LAKE VALLEY HEALTH CARE<br>ROD JACOBSON<br>164 S 5TH ST<br><br>MONTPELIER ID 83254 |                                                                                                                                                                                                                                                                                                                                                                                                             | ROD JACOBSEN<br>164 S 5TH ST<br><br>MONTPELIER ID 83254<br><br>3. Organized Under the Laws of:<br><br>ID C118300 |              |                    |                                                                                    |                               |             |              |                         |              |       |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4. Corporations: Enter Names and Business Addresses of <b>President, Secretary and Directors</b><br>Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)<br><br><table border="0" style="width:100%"> <thead> <tr> <th style="text-align:left"><u>Office held</u></th> <th style="text-align:left"><u>Name</u></th> <th style="text-align:left"><u>Street or P.O. Address</u></th> <th style="text-align:left"><u>City</u></th> <th style="text-align:left"><u>State</u></th> <th style="text-align:left"><u>Zip</u></th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> |                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                  |              | <u>Office held</u> | <u>Name</u>                                                                        | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u>              |              |       |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <u>Office held</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <u>Name</u>                                                                                                                                               | <u>Street or P.O. Address</u>                                                                                                                                                                                                                                                                                                                                                                               | <u>City</u>                                                                                                      | <u>State</u> | <u>Zip</u>         |                                                                                    |                               |             |              |                         |              |       |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 5. Signature of New Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                           | 6. <table border="0" style="width:100%"> <tr> <td style="width:30%">Signature</td> <td style="width:30%"></td> <td style="width:20%">Date</td> <td colspan="2" style="width:20%">7-20-99</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Rod Jacobson</td> <td>Title</td> <td colspan="2">Admin.</td> </tr> </table> |                                                                                                                  |              | Signature          |  | Date                          | 7-20-99     |              | Name (Typed or Printed) | Rod Jacobson | Title | Admin. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                         | Date                                                                                                                                                                                                                                                                                                                                                                                                        | 7-20-99                                                                                                          |              |                    |                                                                                    |                               |             |              |                         |              |       |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name (Typed or Printed)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Rod Jacobson                                                                                                                                              | Title                                                                                                                                                                                                                                                                                                                                                                                                       | Admin.                                                                                                           |              |                    |                                                                                    |                               |             |              |                         |              |       |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

ISSUED: 07-03-1999

2778

# BEAR LAKE VALLEY HEALTH CARE FOUNDATION BOARD OF DIRECTORS

## PRESIDENT

R. TOM LARSEN  
498 N 1ST WEST  
ST. CHARLES, ID 83272

BOB HANSEN  
659 NORTH 6<sup>TH</sup>  
MONTPELIER, ID 83254

## VICE PRESIDENT

ANN LANE  
306 NORTH THIRD  
MONTPELIER, ID 83254

DEAN WIGINGTON  
632 JEFFERSON  
MONTPELIER, ID 83254

## SECRETARY

JERRY NELSON  
480 NORTH MAIN  
BLOOMINGTON, ID 83223

ROD JACOBSON  
729 NORTH 6TH  
MONTPELIER, ID 83254

JOE DEROMEDIS  
215 SPRING ST.  
COKEVILLE, WY 83114

K.B. RASMUSSEN  
204 WOODLAWN  
MONTPELIER, 83254

ARLENE McCLELLAN HILLS  
452 US HIGHWAY 89  
FISH HAVEN, ID 83287

WILLIAM PUGMIRE  
520 SOUTH MAIN  
ST. CHARLES, ID 83272

GAIL DAYTON  
241 SOUTH 5th  
MONTPELIER, ID 83254

GLENN DAYTON  
424 SOUTH 7<sup>TH</sup>  
MONTPELIER, ID 83254

JOYCE JEWELL  
472 JEWELL COURT  
MONTPELIER, ID 83254