2		INSTRUCTIONS ON REVERSE SIDE		ISSUED: 06-30-1990						
No. 25560 Return To Secretary of State Room 203, Statehouse Boise, ID 83720		Idaho Corporation Annual Report Form Due No Later Than November 1, 1990 1. Mailing Address — Please Correct IDAHO HOSPITAL ASSOCIATION, JOHN D. HUTCHISON BOX 8927		2. Registered Agent and Office JOHN D. HUTCHISON 6520 NORWOOD DRIVE						
							BOISE	ID	83707	
							3. Incorporated Under The Laws of ID			
					REQUIRED	BOISE	ID 83707	No: 025560		
				4. Names and A	ddresses of Officer	s and Directors				
		<u>Name</u>	Street or P.O. Address	<u>City</u>	<u>State</u>	<u>Zip</u>				
President: Secretary: Directors: 5. Nature of Bus	Rod Jacobso James Goff, Chris Antor Howard Haye Gene Tomt, David Farne John Bingha Geri Herber Alan Steven Ed Dahlberg Joseph Caro	bert Colvin, Gritman Memorial Hospital, P.O. Box 8369, Moscow, ID 83843 d Jacobson, Bear Lake Mem. Hosp., 164 South 5th Street, Montpelier, ID 83254 mes Goff, VA Medical Center, 500 West Fort, Boise, IS 83702 ris Anton, St. Alphonsus Reg. Med. Ctr., 1055 North Curtis Rd., Boise, ID 83706 ward Hayes, St. Joseph Regional Med. Ctr., P.O. Box 816, Lewiston, ID 83501 ne Tomt, Bonner General Hospital, P.O. Box 1448, Sandpoint, ID 83864 vid Farnes, St. Benedict's Family Med. Ctr., P.O. Box 586, Jerome, ID 83338 hn Bingham, Magic Valley Regional Med. Ctr., P.O. Box 409, Twin Falls, ID 83303 ri Herbert, Moritz Community Hospital, P.O. Box 479, Ketchum, ID 83440 an Stevenson, Moritz Community Hospital, P.O. Box 86, Sun Valley, ID 83353 Dahlberg, St. Luke's Regional Med. Ctr., 190 East Bannock, Boise, ID 83701 6. Icertify that this formula Report has been examined by me and is to the best of my knowledge true, correct and complete.								
	Association	6. I Certify true, con Signature Name Printed	July N. Ohulala	Date &	e best of my k A A President	knowledge (20)				