

No. <b>C 76750</b>	Due no later than Sep 30, 2010 Annual Report Form		2. Registered Agent and Office ( <b>NOT A P.O. BOX</b> ) LILLIAN EASTERBROOK GOODING MEMORIAL HOSPITAL FOUNDATION <del>1120 MONTANA ST</del> <i>267 N Canyon Drive</i> GOODING ID 83330														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address: Correct in this box if needed. GOODING COUNTY MEMORIAL HOSPITAL FOUNDATION, INC. GOODING MEMORIAL HOSPITAL FOUN 1120 MONTANA STREET PO BOX 418 GOODING ID 83330																
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td colspan="7"><i>See Attached list</i></td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	<i>See Attached list</i>						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
<i>See Attached list</i>																	
5. Organized Under the Laws of:  IDAHO C 76750	6. Signature: <i>Lillian Esterbrook</i> Date: <i>7-21-10</i> Name (type or print): <i>Lillian Esterbrook</i> Title: <i>President</i>																
Issued 07/07/2010 by SLD <span style="float: right;">100588</span>																	

### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1:** Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

**Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; **not a Post Office Box or Personal Mail Box.**

**Block 3:** Only a new registered agent must sign in Block 3.

**Block 4:** Enter names and business addresses of president, secretary, and directors. **Note:** Do not put "same as last year" or "same as above". **These will not be accepted. Changes here will not affect the address in Block 1. Be sure to include office held for each name listed.**

**Block 5:** May not be altered through the use of this form.

**Block 6:** The annual report must be signed by a person authorized to represent the corporation. Print or type the name of the signer below the signature.

**\*\* The image of this form will be available on the internet once it has been filed. DO NOT enter Social Security numbers.**

If the Corporation is no longer doing business in Idaho, you may file the appropriate form and fee. Forms are available on the website at [www.sos.idaho.gov](http://www.sos.idaho.gov). However, if no timely annual report is filed, administrative action will be taken, at no cost to the Corporation to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.

POSTMARK DATES WILL NOT BE ACCEPTED

Gooding County Memorial Hospital Foundation, ~~Inc.~~  
2010 OFFICEERS/TRUSTEES INC.

VICE PRESIDENT

CLIVE POPE  
1773 E. 1850 S  
GOODING, ID 83330

SECRETARY

SHIRLEY TSCHANNEN  
543 11<sup>TH</sup> AVE. W  
GOODING, ID 83330

TREASURER

~~FRANCIS QUINN~~ Frances Guinn  
438 ORCHARD DR  
GOODING, ID 83330

TRUSTEE

CAROL SMITH  
1484 E. 1850 S  
GOODING, ID 83330

TRUSTEE

LANA SIMIS  
842 UTAH St.  
GOODING, ID 83330

TRUSTEE

JUDY DEMARAY  
1542 SYRINGA CIRCLE  
GOODING, ID 83330

TRUSTEE

KELLY MCCOOL  
1868 S 1850 E.  
GOODING, ID 83330

TRUSTEE

WALT NELSON  
P.O. BOX 88  
GOODING, ID 83330

TRUSTEE

SUSAN FAULKNER  
1997 S 1875 E  
GOODING, ID 83330

President

Lillian Esterbrook  
1355 SH 46  
Gooding, Idaho 83330