No. C 96903

Due no later than December 31, 2005

Annual Report Form

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

NO FILING FEE IF RECEIVED BY DUE DATE

1. Mailing Address - Correct in this box, if applicable

CLEARWATER VALLEY HOSPITAL FOUNDATI
PO BOX 2169
OROFINO, ID 83544 2169

2. Registered Agent and Office **NO PO BOX**

JO MOORE
301 CEDAR
OROFINO, ID 83544

3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held	Name	Street or P.O. Address	City	State	Zip
Executive Director	Jo Moore	4232 Old Ahsahka Grade	Ahsahka	ID	83520
Secretary	Terry Hester	1010 Wells Beach Road	orofino	ID	83544
President	Jim May	HCR 75 Box 32	Kooskia	ID	83539
[redacted] Treasurer	Linda Meacham	37052 Eberhardt	Peck	ID	83545
Vice Chair	BOB Mason	P.O. Box 407	orofino	ID	83545

5. Organized Under the Laws of:
IDAHO
C 96903

6.
Signature James H. May Date 10-20-05
Name (Typed or Printed) James H. May Title Chairperson

Issued 10/03/2005

Do Not Tape or Staple

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