

No. C 149400		Due no later than May 31, 2014 Annual Report Form		2. Registered Agent and Address (NO PO BOX)		
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 needed. IDAHO RURAL HEALTH ASSOCIATION, INC. DONNA PARKER IDAHO STATE UNIVERSITY 1311 E. CENTRAL DRIVE MERIDIAN ID 83642 USA		DONNA PARKER ISU MERIDIAN 1311 E CENTRAL DR MERIDIAN ID 83642		
				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
DIRECTOR	SHANNON SCHMITZ	BOX 669	EAGLE	ID	USA	83616
DIRECTOR	STEPHANIE SAYEGH	STATE OFFICE OF RURAL HEALTH	BOISE	ID	USA	83720-8174
PRESIDENT	ED BAKER	1910 UNIVERSITY DRIVE	BOISE	ID	USA	83725-8174
SECRETARY	REX FORCE	921 S 8TH AVE STOP 8357	POCATELLO	ID	USA	83209-8357
VICE PRESIDENT	TED EPPERLY	777 N RAYMOND ST BOISE	BOISE	ID	USA	83704-8174
DIRECTOR	STEPHANIE HANSEN	1921 S RIPTIDE AVE	MERIDIAN	ID	USA	83642-8174
DIRECTOR	CRAIG THOMAS	BEAR LAKE MEMORIAL HOSPITAL 164 SOUTH 5TH STREET	MONTPELIER	ID	USA	83254
DIRECTOR	KYLE KELLUM	607 W. MAIN ST	GRANGEVILLE	ID	USA	83530
5. Organized Under the Laws of: ID C 149400		6. Annual Report must be signed.* Signature: Donna M. Parker Name (type or print): Donna M. Parker Date: 03/24/2014 Title: Administrative Assistant				
Processed 03/24/2014		* Electronically provided signatures are accepted as original signatures.				