

No. C 76750		Due no later than Sep 30, 2013		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. NORTH CANYON MEDICAL CENTER FOUNDATION, INC. WHITNEY DON WINES NORTH CANYON MEDICAL CENTER FO 267 NORTH CANYON DR. GOODING ID 83330 USA		BILL CANINE 267 N CANYON DR GOODING ID 83330		
				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	WHITNEY DON WINES	267 NORTH CANYON DRIVE	GOODING	ID	USA	83330
TREASURER	SUSAN FAULKNER	1997 SOUTH 1875 EAST	GOODING	ID	USA	83330
SECRETARY	SUSAN FAULKNER	1997 SOUTH 1875 EAST	GOODING	ID	USA	83330
VICE PRESIDENT	KELLY MCCOOL	1868 SOUTH 1850 EAST	GOODING	ID	USA	83330
PRESIDENT	BILL CANINE	1125 9TH AVE EAST	GOODING	ID	USA	83330
5. Organized Under the Laws of: ID C 76750		6. Annual Report must be signed.* Signature: Whitney Wines Name (type or print): Whitney Wines Date: 08/26/2013 Title: NCMC Director of Foundation				
Processed 08/26/2013		* Electronically provided signatures are accepted as original signatures.				