No. C 104343		Due no later than Dec 31, 2015		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. FRY HEALTHCARE FOUNDATION INCORPORATED RICHELLE ROADY 6640 KANIKSU ST BONNERS FERRY ID 83805		GERI GARTEN 6640 KANIKSU ST BONNERS FERRY ID 83805 3. New 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
PRESIDENT	CAROL JULIA	۸N	PO BOX1479	BONNERS FERRY	ID	USA	83805
VICE PRESIDENT	TERESA RAE		237 WINDSWEPT CT.	NAPLES	ID	USA	83847
TREASURER	PHYLLIS KAF	RNES	65584 HWY 2 #100	BONNERS FERRY	ID	USA	83805
DIRECTOR CALLOS KEV		IN	6797 EISENHOWER	BONNERS FERRY	ID	USA	83805
SECRETARY	KERBY JANIS		212 WINTER RD	MOYIE SPRINGS	ID	USA	83845
DIRECTOR	BRENT DEHLBOM		6706 DENVER ST.	BONNERS FERRY	ID	USA	83805
DIRECTOR	OR JENNY FESSLER		6267 HEMLOCK ST.	BONNERS FERRY	ID	USA	83805
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: PHYLLIS KARNES		Date: 12/19/2015			
C 104343		Name (type or print): PHYLLIS KARNES		Title: TREASURER			
Processed 12/19/2015 * Electronically provided signatures are accepted as original signatures.							