

No. C 135741		Due no later than Sep 30, 2014		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. ST. MARIES VOLUNTEER COMMUNITY CLINIC, INC. KAREN GIBSON PO BOX 566 ST. MARIES ID 83861-0566 USA		GLENDA GENTRY 137 8TH ST ST. MARIES ID 83861 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
TREASURER	KAREN GIBSON	250 COTTONWOOD DRIVE	ST. MARIES	ID	USA	83861
DIRECTOR	SANDEE REEDY	120 SUSIE DRIVE	ST. MARIES	ID	USA	83861
DIRECTOR	JOHN HUGHES	140 POWELL ROAD	ST. MARIES	ID	USA	83861
SECRETARY	COLLEEN SMITH	88 GARDEN TRACTS	ST. MARIES	ID	USA	83861
PRESIDENT	RICHARD THURSTON	P.O. BOX 411	ST. MARIES	ID	USA	83861
VICE PRESIDENT	PEGGY CUVALA	P.O. BOX 146	ST. MARIES	ID	USA	83861
DIRECTOR	BEVERLY KATOVICH	P.O. BOX 385	ST. MARIES	ID	USA	83861
DIRECTOR	GLENDA GENTRY	P.O. BOX 321	ST. MARIES	ID	USA	83861
5. Organized Under the Laws of: ID C 135741		6. Annual Report must be signed.* Signature: KAREN GIBSON Name (type or print): KAREN GIBSON Date: 09/28/2014 Title: TREASURER				
Processed 09/28/2014		* Electronically provided signatures are accepted as original signatures.				