No. C 136513 Return to:		Due no later than Nov 30, 2014	2. Registered A	2. Registered Agent and Address (NO PO BOX) TAMMY HANKS			
		Annual Report Form	D 2000 V 2000 V 1000				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needs MINIDOKA HEALTH CARE FOUNDATION, INC. TAMMY HANKS 1224 8TH ST	RUPERT ID	RUPERT ID 83350			
NO FILING FEE IF RECEIVED BY DUE DATE		RUPERT ID 83350	3. <u>New</u> Registe	3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Ente	er Names and Busin	ess Addresses of President, Secretary, and Directors. Tre	easurer (optional).				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	KYLE CONDI	E P.O. BOX 513	RUPERT	ID	USA	83350	
DIRECTOR	JOSIE GARC	IA 169 S. 50 W.	RUPERT	ID	USA	83350	
PRESIDENT	LESLIE GARI	NER 43 W. 100 N.	RUPERT	ID	USA	83350	
DIRECTOR RICK BOLLAI		R 19 W. 600 S.	RUPERT	ID	USA	83350	
DIRECTOR	KATHY DUN	CAN 550 E. BASELINE	RUPERT	ID	USA	83350	
DIRECTOR	JASON WAT	ERS 85 S. 300 W.	BURLEY	ID	USA	83318	
SECRETARY LORI JOHNSON		ON 239 N. 200 W.	RUPERT	ID	USA	83350	
TREASURER	DOUG REINK	Œ 220 PLEASNAT WAY	RUPERT	ID	USA	83350	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Tammy Hanks Date: 09/18/2014					
C 136513		Name (type or print): Tammy Hanks	Title: Executive Director				
Processed 09/18/201	.4	* Electronically provided signatures are accepted as orig	inal signatures.				