

No. <b>C 136513</b>		<b>Due no later than Nov 30, 2015</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  MINIDOKA HEALTH CARE FOUNDATION, INC. TAMMY HANKS 1224 8TH ST RUPERT ID 83350		TAMMY HANKS 1224 8TH ST RUPERT ID 83350			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	
PRESIDENT	LESLIE GARNER	43 W. 100 N.	RUPERT	ID	USA	83350	
DIRECTOR	RICK BOLLAR	19 W. 600 S.	RUPERT	ID	USA	83350	
DIRECTOR	KATHY DUNCAN	550 E. BASELINE	RUPERT	ID	USA	83350	
DIRECTOR	JASON WATERS	85 S. 300 W.	BURLEY	ID	USA	83318	
SECRETARY	LORI JOHNSON	239 N. 200 W.	RUPERT	ID	USA	83350	
TREASURER	KYLE CONDIE	P.O. BOX 513	RUPERT	ID	USA	83350	
DIRECTOR	JOSIE GARCIA	169 S. 50 W.	RUPERT	ID	USA	83350	
5. Organized Under the Laws of:  <b>ID</b> <b>C 136513</b>		6. Annual Report must be signed.*  Signature: Tammy Hanks Name (type or print): Tammy Hanks					
		Date: 09/17/2015 Title: Executive Director					
Processed 09/17/2015 * Electronically provided signatures are accepted as original signatures.							