

Annual Report Form

Due No Later Than November 30,

1998

2. Registered Agent and Office **NOT A P.O. BOX**

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

NO FEE REQUIRED

* FIRST NOTICE *

1. Mailing Address - Please Correct, If Not Correct

LAKE CITY HEALTH CARE, INC.
LIDWIN DIRNE
625 HAYCRAFT

COEUR D'ALENE ID 83814

LIDWIN DIRNE
2021 NORTH 15TH

COEUR D'ALEN ID 83814

3. Organized Under the Laws of:

ID C 80362

4. Corporations: Enter Names and Business Addresses of **President, Secretary and Directors**
Limited Liability Companies: Enter Names and Addresses of ☐ **Managers** or ☐ **Members** (check one)

Office heldNameStreet or P.O. AddressCityStateZip

President Carol Couch & Donna Robinette
Secretary (recording) Dorothy Benoit
E. Director Sandra K. Mamola

1626 Fairmount Loop Cd'A 83814
3075 N. Country Lane Cd'A 83814
516 S. 11th Cd'A 83814

5. Signature of New Registered Agent

6.

Signature

Name

(Typed or
Printed)

Lorraine Stravens

Date 7/27/98

Title Treasurer

ISSUED: 07-03-1998

DO NOT TAPE OR STAPLE

26507