

No. <b>C 37405</b>		<b>Due no later than Apr 30, 2008</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  IDAHO HEALTH CARE ASSOCIATION, INC. R. VANDE MERWE EXECUTIVE DIRECTOR P. O. BOX 2623 BOISE ID 83701		ROBERT VANDE MERWE 802 W. BANNOCK SUITE 304 BOISE ID 83702			
						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	BRETT WATERS	2085 AVOSET DRIVE	IDAHO FALLS	ID	USA	83406	
SECRETARY	SHAUNA KRAUS	2303 PARKE AVE.	BURLEY	ID	USA	83318	
PRESIDENT	BERNARD BUFFORD	4037 E. CLOCKTOWER LANE	MERIDIAN	ID	USA	83642	
5. Organized Under the Laws of:  <b>ID</b> <b>C 37405</b>		6. Annual Report must be signed.*  Signature: Angie Graves Name (type or print): Angie Graves					
		Date: 05/14/2008 Title: Office Manager					
Processed 05/14/2008      * Electronically provided signatures are accepted as original signatures.							