No. C 81402		Due no later than May 31, 2016 Annual Report Form 1. Mailing Address: Correct in this box if needed. HOSPICE OF BENEWAH COUNTY, INC. VIRGINIA L OAKES 1117 MAIN AVE. ST. MARIES ID 83861-1824		2. Registered Ag	2. Registered Agent and Address (NO PO BOX) VIRGINIA L OAKES 1117 MIAN AVE STE 11 ST MARIES ID 83861 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE				4447.000.00				
				ST MARIES				
				3. <u>New</u> Register				
4. Corporations: Enter	Names and Busin	ess Addresses o	f President, Secretary, and Directors. Treas	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
SECRETARY	DEBBIE STO	GSDILL	PO BOX 77	ST MARIES	ID	USA	83861	
VICE PRESIDENT	LARRY STO		PO BOX 77	ST MARIES	ID	USA	83861	
PRESIDENT	VIRGINIA G		PO BOX 471	ST MARIES	ID	USA	83861	
TREASURER	GAYLE WEM	HOFF	1945 CENTER ST	ST MARIES	ID	USA	83861	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 81402		Signature: Debbie Stogsdill		Dat	Date: 04/21/2016			
		Name (type or print): Debbie Stogsdill		Titl	Title: Board Secretary			
Processed 04/21/2016		* Electronically	provided signatures are accepted as origina	l signatures.				