No. C 118300		Due no later than Feb 28, 2013		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. BEAR LAKE VALLEY HEALTH CARE FOUNDATION, INC. CRAIG H THOMAS 164 S 5TH ST MONTPELIER ID 83254 USA		CRAIG THOMAS 164 S 5TH ST MONTPELIER ID 83254 3. New Registered Agent Signature:*			
4. Corporations: Enter	Names and Busin	ess Addresses of	President, Secretary, and Directors. Treasure	er (optional).			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
VICE PRESIDENT	JOHN M LAKE		PO BOX 145	PARIS	ID	USA	83261
DIRECTOR	SUSIE CRAN	NE .	274 E. CENTER, BENNINGTON	MONTPELIER	ID	USA	83254
DIRECTOR CHAD HANS		EN	710 WASHINGTON ST.	MONTPELIER	ID	USA	83254
DIRECTOR LINDA ARNE		:LL	441 JEFFERSON ST.	MONTPELIER	ID	USA	83254
PRESIDENT ANN LANE			PO BOX 98	MONTPELIER	ID	USA	83254
DIRECTOR	DIRECTOR LAURA BECK		P.O. BOX 81	COKEVILLE	WY	USA	83114
DIRECTOR WILLIAM PE		TTIS	PO BOX 332	PARIS	ID	USA	83261
DIRECTOR DAVID BRUN		INER, JR.	661 ADAMS ST.	MONTPELIER	ID	USA	83254
DIRECTOR	DIRECTOR MELISSA WA		372 N. 5TH ST.	MONTPELIER	ID	USA	83254
DIRECTOR	RECTOR MONTY WES		PO BOX 111	RANDOLPH	UT	USA	84064
DIRECTOR	ECTOR JUDY FITZSIMMONS		220 NORTH 5TH ST	MONTPELIER	ID	USA	83254
DIRECTOR	CRAIG H. THOMAS		164 SO. 5TH ST.	MONTPELIER	ID	USA	83254
TREASURER	TABETHA BI	SSEGGER	123 SOUTH 7TH ST.	MONTPELIER	ID	USA	83254
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 118300		Signature: Craig Thomas		Date: 01/02/2013			
		Name (type or print): Craig Thomas		Title: Executive Director			
Processed 01/02/2013	·	* Electronically p	rovided signatures are accepted as original s	ignatures.			<u> </u>