

No. <b>C 149400</b>		<b>Due no later than May 31, 2015</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>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> IDAHO RURAL HEALTH ASSOCIATION, INC. SHANNON SCHMITZ 777 NORTH RAYMOND STREET BOISE ID 83704 USA		SHANNON SCHMITZ 777 N RAYMOND ST BOISE ID 83704		
				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
DIRECTOR	STEPHANIE SAYEGH	STATE OFFICE OF RURAL HEALTH	BOISE	ID	USA	83720-8174
PRESIDENT	ED BAKER	1910 UNIVERSITY DRIVE	BOISE	ID	USA	83725-8174
VICE PRESIDENT	TED EPPERLY	777 N RAYMOND ST BOISE	BOISE	ID	USA	83704-8174
DIRECTOR	STEPHANIE HANSEN	1921 S RIPTIDE AVE	MERIDIAN	ID	USA	83642-8174
DIRECTOR	CRAIG THOMAS	BEAR LAKE MEMORIAL HOSPITAL 164 SOUTH 5TH STREET	MONTPELIER	ID	USA	83254-8174
DIRECTOR	KYLE KELLUM	607 W. MAIN ST	GRANGEVILLE	ID	USA	83530-8174
DIRECTOR	SHANNON SCHMITZ	BOX 669	EAGLE	ID	USA	83616
5. Organized Under the Laws of:  <b>ID C 149400</b>		6. Annual Report must be signed.* Signature: Corinne Johns Name (type or print): Corinne Johns Date: 06/22/2015 Title: Administrative Assistant				
Processed 06/22/2015		* Electronically provided signatures are accepted as original signatures.				