

No. C 70847	Due no later than Sep 30, 2000 Annual Report Form	2. Registered Agent and Office 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	1. Mailing Address - Correct in this box, if applicable HOSPICE OF SALMON VALLEY, INC. JUANITA PALMER PO BOX 606 506 Van Dreff St. SALMON, ID 83467	ROBERTA GOODMAN 506 VAN DREFF SALMON, ID 83467 3. <u>New</u> Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held	Name	Street or P.O. Address	City	State	Zip
President	Gene Johnson	507 Bulwer St.	Salmon	IDAHO	83467
Secretary	Dale O'Reilly	P. O. Box 691	Salmon	IDAHO	83467
Board Mem.	Dick Pohto	1205 Hwy. 93 N.	Salmon	IDAHO	83467
Board Mem.	Scott Taylor	1301 Main, #10	Salmon	IDAHO	83467
Board Mem.	Raymond Cockrell	Rt. 1, Box 8C	Salmon	IDAHO	83467
Board Mem.	Francie Crawshaw	P. O. Box 190	Carmen	IDAHO	83462
Board Mem.	Shaun O'Reilly	P. O. Box 691	Salmon	IDAHO	83467
Board Mem.	Dale Ford	P. O. Box 181	Salmon	IDAHO	83467
Board Mem.	Julie Goodman	706 Willow	Salmon	IDAHO	83467

5. Organized Under the Laws of: IDAHO C 70847	6. Signature <u>Roberta Goodman</u> Date <u>8/17/00</u> Name (Typed or Printed) <u>Roberta Goodman</u> Title: <u>Director</u> XXXX
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