No. **C 210148**	**Due no later than Jun 30, 2018** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** BEACON HEALTH FOUNDATION, INC. BEACON HEALTH FOUNDATION, INC. 615 N MICHIGAN ST SOUTH BEND IN 46601	INCORP SERVICES, INC. 1310 S VISTA AVE STE 27 BOISE ID 83705 3. New 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
PRESIDENT	PHILIP A NEWBOLD	615 N MICHIGAN ST	SOUTH BEND	IN		46601

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
IN **C 210148**	Signature: Barbara Jimenez	Date: 05/29/2018
	Name (type or print): Barbara Jimenez	Title: Renewals Account Manager

Processed 05/29/2018

* Electronically provided signatures are accepted as original signatures.