

No. 46691	<b>Idaho Corporation Annual Report Form</b>	2. Registered Agent and Office
Return To  <b>Secretary of State</b> <b>Room 203, Statehouse</b> <b>Boise, ID 83720</b>  <b>NO FEE REQUIRED</b> <b>89 JUL 14 AM 9 56</b>	Due No Later Than November 1, 1989	BLAINE DURRANT
	1. Mailing Address — Please Correct 46691	AHEC/VA HOSPITAL 5TH, FORT ST.  BOISE ID 83702
	AREA HEALTH EDUCATION CONSORTIUM BLAINE DURRANT 500 W. FORT, 14-A  BOISE IDAHO ID 83702	3. Incorporated Under The Laws of IDAHO  NO: 46691

## 4. Names and Addresses of Officers and Directors

	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President:	<b>Molly Mettler, Community Hlth Prom.</b>	<b>P. O. Box 1989</b>	<b>Boise</b>	<b>Idaho</b>	<b>83701</b>
Secretary:	<b>Shirley Thimsen, Elks Rehab. Hospital</b>	<b>P. O. Box 1100</b>	<b>Boise</b>	<b>Idaho</b>	<b>83701</b>
Directors:	<b>Bill Smith, Idaho Lung Association</b>	<b>1111 S. Orchard, Suite 245</b>	<b>Boise</b>	<b>Idaho</b>	<b>83705</b>
	<b>Dolores Balducci, Capital Care Center</b>	<b>210 Cleveland Blvd.</b>	<b>Caldwell</b>	<b>Idaho</b>	<b>83605</b>
	<b>Rick Gardner, St. Alphonsus RMC</b>	<b>1055 N. Curtis Road</b>	<b>Boise</b>	<b>Idaho</b>	<b>83706</b>
	<b>Myra Grupe, Mercy Medical Center</b>	<b>1512 12th Avenue Road</b>	<b>Nampa</b>	<b>Idaho</b>	<b>83651</b>
	<b>Dean Hungerford, Idaho Primary Care Assn.</b>	<b>P. O. Box 6756</b>	<b>Boise</b>	<b>Idaho</b>	<b>83707</b>
	<b>Loyd Kepferle, Mountain States Hlth Corp.</b>	<b>P. O. Box 6756</b>	<b>Boise</b>	<b>Idaho</b>	<b>83707</b>
	<b>Clayton McAvooy, Holy Rosary Medical Center</b>	<b>351 SW Ninth</b>	<b>Ontario</b>	<b>Oregon</b>	<b>97914</b>
	<b>David N. Mueller, Ada County Medical Ed. Ctr</b>	<b>190 East Bannock</b>	<b>Boise</b>	<b>Idaho</b>	<b>83712</b>
<b>Jeanette Ullery, St. Luke's RMC</b>	<b>190 East Bannock</b>	<b>Boise</b>	<b>Idaho</b>	<b>83712</b>	
<b>Joann Vahey, Boise State University</b>	<b>1910 University Drive</b>	<b>Boise</b>	<b>Idaho</b>	<b>83725</b>	

## 5. Nature of Business

Health Education

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.

Signature

Name (Typed or Printed)

MOLLY METTLER

Date

Title

July 12, 1989  
President