

No. C 116517		Due no later than Sep 30, 2012		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		KATHY HUBBARD 150 N 200 W MALAD CITY ID 83252		
		1. Mailing Address: Correct in this box if needed. ONEIDA COUNTY HOSPITAL FOUNDATION, INC. KATHY HUBBARD 150 N 200 W PO BOX 126 MALAD CITY ID 83252		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
TREASURER	KATHY HUBBARD	150 N 200 W	MALAD	ID	USA	83252
PRESIDENT	CURT ELCOCK	678 NORTH 100 WEST	MALAD	ID	USA	83252
VICE PRESIDENT	ARLINDA CHRISTOPHERSEN	PO BOX 173 625 EAST 10820 NORTH	MALAD	ID	USA	83252
SECRETARY	REBECCA FIRTH	616 WEST 1500 SOUTH	MALAD	ID	USA	83252
DIRECTOR	ELAINE MILLS	2345 WEST SAMARIA ROAD	MALAD	ID	USA	83252
DIRECTOR	DESTINY SPACKMAN	1935 SOUTH 4600 WEST	MALAD	ID	USA	83252
DIRECTOR	ELAINE BOHN	247 SAMARIA LANE	MALAD	ID	USA	83252
DIRECTOR	LOYD BRIGGS	410 NO 2100 WEST	MALAD	ID	USA	83252
DIRECTOR	ROLAND KELLER	70 S 70 E	MALAD	ID	USA	83252
5. Organized Under the Laws of: ID C 116517		6. Annual Report must be signed.* Signature: Kathy Hubbard Date: 08/03/2012 Name (type or print): Kathy Hubbard Title: Treasurer				
Processed 08/03/2012		* Electronically provided signatures are accepted as original signatures.				