No. <b>C 145098</b>	Due no later than Aug 31, 2011	2. Registered Agent and Address (NO PO BOX)			
Return to: Annual Report Form		ROBERT COLLETTE			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.				
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	LORI OLSON MARKS FOUNDATION FOR HOSPICE CARE, INC. (THE)  VANCE FAGER				
	PO BOX 3881	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	IDAHO FALLS ID 83403 USA				
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 VANCE FAG	ER 3470 WASHINGTON PARKWAY	<b>IDAHO FALLS</b>	ID	USA	83404
DIRECTOR STEVE WRI	GHT 3470 WASHINGTON PARKWAY	IDAHO FALLS	ID	USA	83404
5. Organized Under the Laws of:	6. Annual Report must be signed.*				
ID	Signature: Vance Fager	Date: 06/13/2011			
C 145098	Name (type or print): Vance Fager	Title: Director			
Processed 06/13/2011	* Electronically provided signatures are accepted as original signatures.				