

October 3, 1994

HOSPICE OF BENEWAH COUNTY, INC.
NANCY HAMMOND
PO BOX 531
ST MARIES ID 83861

RE: HOSPICE OF BENEWAH COUNTY, INC. File Number C 81402

Dear Ms. Hammond:

Please find enclosed your recently submitted annual report for the 1994-1995 fiscal year. We are unable to accept it in its present form. Please make the following correction(s) and return to this office.

Block 5 on your annual report must be completed to show the nature of business of the corporation.

The annual report must be signed by an officer of the corporation. We will accept an annual report signed by the president, vice-president, secretary, treasurer, assistant secretary, comptroller, or a director. A report signed by the registered agent, attorney, manager, or bookkeeper will not be accepted.

If you have any questions or need further assistance, please do not hesitate to contact this office at (208) 334-2301.

Very truly yours,

Tonya Herold
Corporate Division

Enclosures: cited

No. 81402

Idaho Corporation Annual Report Form

Due No Later Than November 1, 1994

Return To

Secretary of State
Room 203, Statehouse
P.O. BOX 83720
Boise, ID 83720-0080

* FIRST NOTICE *
NO FEE REQUIRED

1. Mailing Address — Please Print or Type

HOSPICE OF BENEWAH COUNTY, INC.
~~DIANE MARTINSON~~ Nancy Hammond
P. O. BOX 531
ST. MARIES ID 83861

2. Registered Agent and Office

~~DIANE MARTINSON~~ Nancy Hammond
ROOM 226
FEDERAL BUILDING
ST. MARIES ID 83861

3. Incorporated Under The Laws

of ID
NO: 81402

4. Names and Addresses of Officers and Directors

MUST BE PRINTED OR TYPED

	Name	Street or P.O. Address	City	State	Zip
President:	Gary Foster	HC-04 Box 80	ST. MARIES	Id.	83861
Secretary:	Joyce Ferrell	HC-01 Box 57B	ST. MARIES	Id.	83861
Directors:	Jerry Park	332 S 9th St.	" "	" "	" "
	Jan Burpee	1234 Powell Rd.	" "	" "	" "
	Kay Cowin	720 Elm St.	" "	" "	" "
	Steve Hammond	1940 Boundary	" "	" "	" "
	Mike LaPlante	P.O. Box 581	" "	" "	" "
	Norma Ohlson	431 S 10th St.	" "	" "	" "
	Cottie Pekar	1160 Elm Dr	" "	" "	" "

5. Nature of Business

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)

Nancy J. Hammond
Nancy J. Hammond

Date

Title

9-30-94

Office Coordinator