

No. C 141550		Due no later than Nov 30, 2010		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 1. Mailing Address: Correct in this box if needed. ELMORE MEDICAL CENTER FOUNDATION, INC. GREG L MAURER PO BOX 1270 MOUNTAIN HOME ID 83647		GREG L MAURER 895 NORTH 6TH EAST MOUNTAIN HOME ID 83647		
				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
DIRECTOR	ANNA HISSONG	680 N. 3RD EAST	MOUNTAIN HOME	ID	USA	83647
DIRECTOR	PATRICK CRUSER	1370 OWYHEE DRIVE	MOUNTAIN HOME	ID	USA	83647
DIRECTOR	ARMAND HEBERT	835 NW BLUEGRASS CIRCLE	MOUNTAIN HOME	ID	USA	83674
DIRECTOR	HENRY TOY	825 N 13TH EAST	MOUNTAIN HOME	ID	USA	83647
DIRECTOR	TERRY HALL	2355 AMERICAN LEGION BLVD	MOUNTAIN HOME	ID	USA	83647
DIRECTOR	MARK WETHERELL	1345 ROSEWOOD STREET	MOUNTAIN HOME	ID	USA	83647
DIRECTOR	NANCIE BRININGER	562 EAST DANSKIN	MAYFILED	ID	USA	83716
DIRECTOR	KIM HEINEN	210 E. JACKSON	MOUNTAIN HOME	ID	USA	83647
TREASURER	JEANNA STILL	3905 NW MORRIS WAY	MOUNTAIN HOME	ID	USA	00008
SECRETARY	DEBRA BRITO	764 NW COLTHORP DRIVE	MOUNTAIN HOME	ID	USA	83647
PRESIDENT	LARRY ASHCRAFT	430 NORTH 6TH EAST	MOUNTAIN HOME	ID	USA	83647
DIRECTOR	CONNIE CRUSER	970 NORTH 5TH EAST	MOUNTAIN HOME	ID	USA	83647
5. Organized Under the Laws of: ID C 141550		6. Annual Report must be signed.* Signature: Greg L. Maurer Name (type or print): Greg L. Maurer Date: 09/08/2010 Title: Administrator				
Processed 09/08/2010		* Electronically provided signatures are accepted as original signatures.				