lo. c134343	\$ I	Annual Report Form Due No Later Than November 30, 1995		2. Registered Agent and Office NOT A P.O. BOX		
Return to: SECRETARY OF STA 700 WEST JEFFERSO	TE	. Mailing Address - Please Correct, If Not Correct FRY HEALTHCARE FOUNDATION IN		HELEN MARX 5540 KANIKSU ST		
PO BOX 83720 BO(SE, ID 83720-0080	AELEN M	HELEN MARX		BONNERS	FERR ID	83805
NO FEE REQUIRED PO 30		X 955		3. Organized Under the Laws of:		
* FIRST NOTICE * BONNE		RS FERRY TO A3835			0104343	
Limited Liability Co	r Names and Addresses of Pre mpanies: Enter Names and Add	resses of 🔲 Managers or 🔲	s Members (check one)	····	
Office held	Judy Everhart Name	PO Box 1267 Street or P.O. Address		ers Egyry	State	83805 <u>Zip</u>
President	Jim Burkholder, JR.	HCR 61 BOX 80	Bonners Ferry		ID	83805
Vice President	Ben Studer	HCR61 BOX 1250	Bow	ners ferry	ID	20868
Secretary	Helen Marx	PO Box 922	Bonn	iers Ferry	10	83805
Treasurer	Bill Florea	Box 538		ners Ferry	ID	83805
Director	William McClintock	PO BOX 1226		ners Ferry	att	83805
Director	Dean Miller	HCR 85 Box 189	Bon	ners Ferry	ID	83805
Director	Eula Sims	Box N		vers Ferry	TD	83805
Director	Pete Wilson	Box 749	Boni	ners ferry	ID	83805
NATURE OF BUSINESS		6. I certify that this Annual Report has been examined knowledge true, correctiond complete. Signature		xamined by me .	ste \$/14/96	
FUND PROG	SRAMS FOR COMMUNA	THE PRINTED PITAL WILL	am T.P	U'ChnTeck Title	DIREC	HOR &
ISSUED:	7-06-1995	The state of the s		2	4133	
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Annual Report Form

2. Registered Agent and Office NOT A P.O. BOX