| · ·   |                                | 1.   | NSTRUCTIONS ON REVERSE SIDE                               | ISSUED: 06-30-1990                                    |
|---|--------------------------------|--|---|---|
| No. 83043   |                                | Idaho Co   | orporation Annual Report Forn                             | m 2. Registered Agent and Office                      |
| Return To Secretary of State Room 203, Statehouse Boise, ID 83720 |                                | Due No Later Than November 1, 1990   |   | DEE BRAZIL  |
|   |                                | 1. Mailing Address — Please Correct  |   | 1000 STATE ST.  |
|   |                                | MCCALL MEMORIAL HOSPITAL Hospice DEE BRAZIL, DIRECTOR 1000 STATE ST. P. O. Box 906 |   | spice MCCALL ID 83638                                 |
|   |                                |  |   | 3. Incorporated Under The Laws                        |
| NO FEE  | REQUIRED                       | MCCALL   | _ ID 83638  | No: 083043  |
| 4. Names and A  | Addresses of Officer           | s and Directors  |   | 1   |
| President:  | Chrmn. Kathle                  | <u>Name</u><br>een Burica  | P. 0. Street or P.O. Address<br>Box 1312                  | McCall, Id 83638 State Zip                            |
|   | Secty, Polly                   | Collins  | P. 0. Box 1733  | McCall, Id 83638                                      |
|   | Dir. Dee Bra                   | azil   | P. O. Box 1194  | M¢Ca11, Id 83638                                      |
| B. of Di  | r. Anita Wi                    | inkel  | P. O. Box 4026  | McCall, Id 83638                                      |
|   | Watne Allen,<br>Carma Elam     |  | P. o. Box 1047<br>P. O. Box AP                            | McCall, Id 83638                                      |
|   | V. C. Marilyr<br>Joe Brisbane, |  | P. O. Box 4344<br>P. O. Box 355                           | New Meadows Idaho 83654                               |
|   | Treas. Henry                   |  | P. O. Box 355<br>P. O. Box 515                            | McCall, Id "83638                                     |
| 5. Nature of Bus  | <del>-</del>                   | 6. I cer   | ertify that this Apaual Report has be                     | een examined by me and is to the best of my knowledge |
| Hospice   |                                | Signat   | e, correct apt complete.  ature (Typed on Henry M. Shank) | Date 7/17/90 Title Treas.                             |

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