

No. C 81402		Due no later than May 31, 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		GAIL RESSER 702 COLLEGE ST. MARIES ID 83861			
		1. Mailing Address: Correct in this box if needed. HOSPICE OF BENEWAH COUNTY, INC. GAIL RESSER 702 W COLLEGE AVE ST. MARIES ID 83861-1824 USA		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	KIMBERLY CAMERON	217 17TH STREET	ST MARIES	ID	USA	83861	
DIRECTOR	GARDNER CROMWELL	927 1ST STREET	ST MARIES	ID	USA	83861	
DIRECTOR	DEBBIE STOGSDILL	PO BOX 77	ST MARIES	ID	USA	83861	
PRESIDENT	LARRY STOGSDILL	PO BOX 77	ST MARIES	ID	USA	83861	
TREASURER	GAYLE WEMHOFF	1945 CENTER ST	ST MARIES	ID	USA	83861	
SECRETARY	JOSEPHINE JELLISON	109 E COLLEGE #17	ST MARIES	ID	USA	83861	
PRESIDENT	VIRGINIA G OAKES	PO BPX 471	ST MARIES	ID	USA	83861	
5. Organized Under the Laws of: ID C 81402		6. Annual Report must be signed.* Signature: Gail Resser Name (type or print): Gail Resser		Date: 03/12/2010 Title: Coordinator			
Processed 03/12/2010		* Electronically provided signatures are accepted as original signatures.					