

INSTRUCTIONS ON REVERSE SIDE

No. 68938

Idaho Corporation Annual Report Form

Due No Later Than November 1, 1993

Return To

Secretary of State
Room 203, Statehouse
Boise, ID 83720

★ FIRST NOTICE ★
NO FEE REQUIRED

1. Mailing Address: *Glenns Ferry Health Center, Inc.*

GLENN'S FERRY HEALTH CENTER, INC
LESLYN PHELPS
P. O. BOX 266

GLENN'S FERRY ID 83623

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

LESLYN PHELPS
516 WEST FIRST AVENUE

GLENN'S FERRY ID 83623

3. Incorporated Under The Laws

of ID

NO: 68938

4. Names and Addresses of Officers and Directors

MUST BE PRINTED OR TYPED

NameStreet or P.O. AddressCityStateZip

President:	Margaret Black	P.O. Box 49	Hammett	ID	83627
Secretary:	Kim Thompson	Rt. 1 Box 33	King Hill	ID	83633
Directors:	E.J. Christophersen	P.O. Box 628	Glenns Ferry	ID	83623
	Linda Torrez	P.O. Box 14	Glenns Ferry	ID	83623
	Donna Carnahan	Rt. 1 Box 62	Glenns Ferry	ID	83623
	Rodolfo Garza	P.O. Box 308	Glenns Ferry	ID	83623
	Lerry Heath	P.O. Box 789	Glenns Ferry	ID	83623
	Cecil Meyers	Rt. B Box 252	Grand View	ID	83624
	Willard Mineau	P.O. Box 465	Glenns Ferry	ID	83623

5. Nature of Business

Non-profit primary health
care services.

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)

Leslyn Phelps

Date

Title

7-12-93
Executive Director