No. C 104343 Return to:		Due no later than Dec 31, 2011 Annual Report Form		2. Registered Age	2. Registered Agent and Address (NO PO BOX) GERI GARTEN 6640 KANIKSU ST			
				6640 (44) (7)				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. FRY HEALTHCARE FOUNDATION INCORPORATED GERI GARTEN 6640 KANIKSU ST		BONNERS FERF	BONNERS FERRY ID 83805 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		BONNERS FERRY ID 83805		3. <u>New</u> Registered	3. <u>Ivevv</u> Registered Agent Signature.			
4. Corporations: Ente	er Names and Busin	ess Addresses of Pre	sident, Secretary, and Directors. Treas	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	JAN FREDER	ICKSON	14 GLADDEN FIELDS LANE	BONNERS FERRY	' ID	USA	83805	
PRESIDENT	LINDA HIAT	Γ	PO BOX 654	BONNERS FERRY	' ID	USA	83805	
DIRECTOR	CAROL JULIA	AN	PO BOX 1479	BONNERS FERRY	' ID	USA	83805	
SECRETARY DEBBIE JOH		NSON	PO BOX 1844	BONNERS FERRY	' ID	USA	83805	
TREASURER	PHYLLIS KAF	RNES	65584 HWY 2	BONNERS FERRY	' ID	USA	83805	
DIRECTOR	RECTOR CALLOS KEV		6797 EISENHOWER	BONNERS FERRY	' ID	USA	83805	
DIRECTOR	GARTEN GEF	रा	6640 KANIKSU ST	BONNERS FERRY	' ID	USA	83805	
DIRECTOR	KERBY JANIS	5	212 WINTER RD	MOYIE SPRINGS	ID	USA	83845	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Geri Garten			Date: 11/09/2011			
C 104343		Name (type or p		Title: Director				
Processed 11/09/201	1	* Electronically prov	ided signatures are accepted as origina	Il signatures.				