No. <b>C 151732</b>		Due no later than Nov 30, 2014		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		STEPANIE S				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  FRANKLIN COUNTY HEALTHCARE FOUNDATION, INC.  STEPHANIE STRONG  44 NORTH 100 EAST  PRESTON ID 83263		PRESTON ID	550 CEDAR CIRCLE PRESTON ID 83263  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Nar	mes and Busin	ess Addresses of Pre	esident, Secretary, and Directors. Treasu	rer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
SECRETARY	STEPHANIE STRONG		550 CEDAR CIRCLE	PRESTON	ID	USA	83263	
TREASURER	PAUL SMART		280 SOUTH 400 WEST	PRESTON	ID	USA	83263	
PRESIDENT	PAUL CAMPBELL		297 EAST DEPOT	WESTON	ID	USA	83283	
DIRECTOR	ECTOR DOUGLAS WEBB		10 NORTH 1 EAST	PRESTON	ID	USA	83263	
DIRECTOR	ALAN BIRD		44 NORTH 100 EAST	PRESTON	ID	USA	83263	
DIRECTOR	THANE WINWARD		10 SOUTH STATE	PRESTON	ID	USA	83263	
VICE PRESIDENT	DEANN MCG	REGOR	6883 EAST 13800 NORTH	THATCHER	ID	USA	83283	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Stephanie Strong			Date: 09/18/2014			
C 151732		Name (type or print): Stephanie Strong			Title: Secretary			
Processed 09/18/2014 * Electronically provided signatures are accepted as original signatures.								