

No. 76750	Idaho Corporation Annual Report Form Due No Later Than November 1, 1991	2. Registered Agent and Office NOT A P.O. BOX																																													
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	1 Mailing Address Please Correct If Not Correct GOODING COUNTY MEMORIAL HOS GOODING MEMORIAL HOSPITAL 1120 MONTANA STREET GOODING ID 83330	MICHAEL P. PIPER 1120 MONTANA STREET GOODING ID 83330 3. Incorporated Under The Laws of ID NO: 076750																																													
4. Names and Addresses of Officers and Directors																																															
President: Secretary: Directors:	<table border="1"> <thead> <tr> <th data-bbox="479 409 536 430">Name</th> <th data-bbox="751 409 966 430">Street or P.O. Address</th> <th data-bbox="1181 409 1230 430">City</th> <th data-bbox="1371 409 1428 430">State</th> <th data-bbox="1486 409 1528 430">Zip</th> </tr> </thead> <tbody> <tr> <td>Edward Koester</td> <td>1647 S 1800 E</td> <td>Gooding</td> <td>ID</td> <td>83330</td> </tr> <tr> <td>LORRAINE MORRISON</td> <td>P.O. Box 504</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>NADINE RICE</td> <td>605 9th Ave East</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Duane CUTRIGHT</td> <td>2401 E 1300 S</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>NANCY ADAMS</td> <td>2092 E 1400 S</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>CLIVE POPE</td> <td>1750 S 1600 E</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>DOUG SCHRANK</td> <td>1148 E 2900 S</td> <td>HAGERMAN</td> <td>ID</td> <td>83338</td> </tr> <tr> <td>KIM VAUGHAN</td> <td>1420 VISTA DRIVE</td> <td>GOODING</td> <td>ID</td> <td>83330</td> </tr> </tbody> </table>	Name	Street or P.O. Address	City	State	Zip	Edward Koester	1647 S 1800 E	Gooding	ID	83330	LORRAINE MORRISON	P.O. Box 504	"	"	"	NADINE RICE	605 9th Ave East	"	"	"	Duane CUTRIGHT	2401 E 1300 S	"	"	"	NANCY ADAMS	2092 E 1400 S	"	"	"	CLIVE POPE	1750 S 1600 E	"	"	"	DOUG SCHRANK	1148 E 2900 S	HAGERMAN	ID	83338	KIM VAUGHAN	1420 VISTA DRIVE	GOODING	ID	83330	
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5. Nature of Business NON PROFIT	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 <u>Lorraine A. Morrison</u> Date <u>7-13-91</u> Name (Typed or Printed) <u>LORRAINE A. MORRISON</u> Title <u>Sec'y</u>																																														