No. C 145098		Due no later than Aug 31, 2018		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. LORI OLSON MARKS FOUNDATION FOR HOSPICE CARE, INC. (THE) ROBERT COLLETTE PO BOX 3881 IDAHO FALLS ID 83403		ROBERT COLLETTE 3470 WASHINGTON PARKWAY IDAHO FALLS ID 83404 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4 Corporations: Enter Names and Busine		ess Addresses of President, Secretary, and Directors. Treasurer ((ontional)			
	Name	233 / 1441 23323 31 1	Street or PO Address	City	State	Country	Postal Code
	KARLA SMITH ROBERT COLLETTE		3470 WASHINGTON PARKWAY 3470 WASHINGTON PARKWAY	IDAHO FALLS IDAHO FALLS	ID ID	USA USA	83404 83404
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ъ		Signature: KARLA SMITH		Date: 06/18/2018			
C 145098		Name (type or print): KARLA SMITH		Title: SECRETARY			
Processed 06/18/2018 * Electronically provided signatures are accepted as original signatures.							