

No. C 116517		Due no later than Sep 30, 2015		2. Registered Agent and Address (NO PO BOX)		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form		KATHY HUBBARD 150 N 200 W MALAD CITY ID 83252		
		1. Mailing Address: Correct in this box if needed. ONEIDA COUNTY HOSPITAL FOUNDATION, INC. KATHY HUBBARD 150 N 200 W PO BOX 126 MALAD CITY ID 83252		3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
TREASURER	KATHY HUBBARD	150 N 200 W	MALAD	ID	USA	83252
PRESIDENT	ROXANNE ALBRETSSEN	396 NORTH 400 WEST	MALAD	ID	USA	83252
DIRECTOR	KERRY EVANS	835 NORTH 500 WEST	MALAD	ID	USA	83252
DIRECTOR	MERRILL CORNELIUS	284 NORTH 100 WEST	MALAD	ID	USA	83252
DIRECTOR	CALEEN PICKETT	284 NORTH MAIN	MALAD	ID	USA	83252
VICE PRESIDENT	TROY ESTEP	770 SOUTH HILLCREST LOOP	MALAD	ID	USA	83252
DIRECTOR	EUARDA DANIELS	294 NORTH 100 WEST	MALAD	ID	USA	83252
DIRECTOR	JOHN WILLIAMS	320 NORTH 300 WEST	MALAD	ID	USA	83252
SECRETARY	ROBERT CROWTHER	766 NORTH 500 WEST	MALAD	ID	USA	83252
DIRECTOR	JAKE HESS	1550 NORTH 1700 WEST	MALAD	ID	USA	83252
5. Organized Under the Laws of: ID C 116517		6. Annual Report must be signed.* Signature: Kathy Hubbard Name (type or print): Kathy Hubbard Date: 10/13/2015 Title: Treasurer				
Processed 10/13/2015		* Electronically provided signatures are accepted as original signatures.				