No. C 152047 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Due no later than Dec 31, 2014 Annual Report Form 1. Mailing Address: Correct in this box if needed. GRITMAN MEDICAL CENTER FOUNDATION, INC. ADINA BIELENBERG 700 S MAIN ST MOSCOW ID 83843-3046 USA		2. Registered A	2. Registered Agent and Address (NO PO BOX) KARA BESST 700 S MAIN ST MOSCOW 83843 3. New Registered Agent Signature:*			
				700 S MAIN S MOSCOW				
4. Corporations: Enter	Names and Busin	ess Addresses of Pres	sident, Secretary, and Directors. Treasu	rer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	ADINA BIELE	ENBERG	700 SOUTH MAIN STREET	MOSCOW	ID	USA	83843	
DIRECTOR	B.J. SWANSON		700 SOUTH MAIN STREET	MOSCOW	ID	USA	83843	
PRESIDENT	PAM HAYS		700 SOUTH MAIN STREET	MOSCOW	ID	USA	83843	
TREASURER	JOANN S EVANS		700 SOUTH MAIN STREET	MOSCOW	ID	USA	83843	
DIRECTOR	KARA BESST		700 SOUTH MAIN STREET	MOSCOW	ID	USA	83843	
SECRETARY	JANE PETERSON-GOETSCHEL NANCY LYLE GREG KIMBERLING		700 SOUTH MAIN STREET	MOSCOW	ID	USA	83843	
DIRECTOR			700 SOUTH MAIN STREET	MOSCOW	ID	USA	83843	
DIRECTOR			700 SOUTH MAIN STREET	MOSCOW	ID	USA	83843	
DIRECTOR	JUSTIN MINDEN		700 SOUTH MAIN STREET	MOSCOW	ID	USA	83843	
DIRECTOR	CONNIE ESSER		700 SOUTH MAIN STREET	MOSCOW	ID	USA	83843	
VICE PRESIDENT	BARBARA BULL		700 SOUTH MAIN STREET	MOSCOW	ID	USA	83843	
DIRECTOR	PRESTON B	ECKER	700 SOUTH MAIN STREET	MOSCOW	ID	USA	83843	
5. Organized Under the Laws of: 6.		6. Annual Report mu	st be signed.*					
ID C 152047		Signature: JILL GARNETT		Date: 0:	Date: 01/12/2015			
		Name (type or print): JILL GARNETT			Title: ADMIN ASSISTANT			
Processed 01/12/2015		* Electronically provided signatures are accepted as original signatures.						