No. C 146770		Due no later than Dec 31, 2010		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		SHAUN MENCHACA			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. PORTNEUF HEALTH CARE FOUNDATION, INC. SHAUN MENCHACA 850 EAST YOUNG STREET POCATELLO ID 83201		850 EAST YOUNG ST POCATELLO ID 83201 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter	Names and Busin	ess Addresses of	President, Secretary, and Directors. Treasure	er (optional).			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
DIRECTOR	STEVEN WE	EG	442 SOUTH GARFIELD	POCATELLO	ID	USA	83204
DIRECTOR	SANDRA HOFFMANN		2524 BIRDIE THOMPSON DRIVE	POCATELLO	ID	USA	83201
DIRECTOR	TOM DIAL		533 APPALOOSA	POCATELLO	ID	USA	83201
DIRECTOR	WILLIAM MCKEE		8621 WEST BUCKSKIN ROAD	POCATELLO	ID	USA	83201
TREASURER	DAVID SWINDELL		2390 HISKEY STREET	POCATELLO	ID	USA	83201
SECRETARY	NANCY RENN		320 NORTH 12TH AVENUE	POCATELLO	ID	USA	83201
PRESIDENT	MARK BUCK	ALEW	PO BOX 1225	POCATELLO	ID	USA	83204
5. Organized Under the Laws of: 6.		6. Annual Report must be signed.*					
ID		Signature: Char DeWall		Date: 10/27/2010			
C 146770		Name (type or print): Char DeWall		Title: Administative Assistant			
Processed 10/27/2010)	* Electronically	provided signatures are accepted as original s	ignatures.			