

No. C104343	Annual Report Form Due No Later Than November 30, 1997		2. Registered Agent and Office NOT A P.O. BOX HELEN MARX <i>Joyce Trueblood</i> 6640 KANIKSU ST BONNERS FERRY ID 83805
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct FRY HEALTHCARE FOUNDATION IN HELEN MARX <i>Joyce Trueblood</i> PO BOX 955 BONNERS FERRY ID 83805		3. Organized Under the Laws of: ID C104343
** FINAL NOTICE **			
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>
<u>State</u>	<u>Zip</u>		
Chairman	<i>Jim Burkholder, Jr.</i>	<i>HCR 61, Box 80</i>	<i>Bonnors Ferry</i>
Vice-chairman	<i>Ben Studer</i>	<i>HCR 61, Box 125D</i>	<i>" "</i>
Treasurer	<i>Pete Wilson</i>	<i>P.O. Box 749</i>	<i>" "</i>
Secretary	<i>Joyce Trueblood</i>	<i>P.O. Box 121</i>	<i>" "</i>
5. <i>Joyce A. Trueblood</i>		6. Signature <i>Jim Burkholder Jr</i> Date <i>29 OCT 97</i> Name (Typed or Printed) <i>Jim Burkholder, JR</i> Title <i>President</i>	

ISSUED: 10-04-1997

↓ DO NOT TAPE OR STAPLE ↓

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