

No. **C 141550**

Due no later than November 30, 2003
Annual Report Form

2. Registered Agent and Office **NO PO BOX**

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

ELMORE MEDICAL CENTER FOUNDATION, I
GREG L MAURER
895 NORTH 6TH EAST

GREG L MAURER
895 NORTH 6TH EAST

MOUNTAIN HOME, ID 83647

3. New Registered Agent Signature

**NO FILING FEE IF
RECEIVED BY DUE DATE**

MOUNTAIN HOME, ID 83647

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Larry Ashcraft	430 N. 6th E	mtn Home	ID	83647
Vice Pres.	Connie Crusen	970 N. 5th E	mtn. Home	ID	83647
Secretary	Jan Roeser	1985 N. 5th E	mtn. Home	ID	83647
Treasurer	Lowell Ganger	PO Box 70	mtn Home	ID	83647

5. Organized Under the Laws of:

IDAHO
C 141550

6.

Signature

Greg L. Maurer

Date

9-15-2003

Name
(Typed or
Printed)

Greg L. Maurer

Title

Registered Agent