

No. C 104343	Due no later than Dec 31, 2012 Annual Report Form	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	1. Mailing Address: Correct in this box if needed. FRY HEALTHCARE FOUNDATION INCORPORATED MARCIA MORMAN 6640 KANIKSU ST BONNERS FERRY ID 83805	GERI GARTEN 6640 KANIKSU ST BONNERS FERRY ID 83805 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
DIRECTOR	DELRENE DANIELS	P.O. BOX 727	BONNERS FERRY	ID	USA	83805
PRESIDENT	LINDA HIATT	PO BOX 654	BONNERS FERRY	ID	USA	83805
VICE PRESIDENT	CAROL JULIAN	PO BOX 1479	BONNERS FERRY	ID	USA	83805
TREASURER	PHYLLIS KARNES	65584 HWY 2 #100	BONNERS FERRY	ID	USA	83805
DIRECTOR	CALLOS KEVIN	6797 EISENHOWER	BONNERS FERRY	ID	USA	83805
DIRECTOR	GARTEN GERI	16 MAPLE STREET	MOYIE SPRINGS	ID	USA	83845
SECRETARY	KERBY JANIS	212 WINTER RD	MOYIE SPRINGS	ID	USA	83845
5. Organized Under the Laws of: ID C 104343	6. Annual Report must be signed.* Signature: Geri Garten Name (type or print): Geri Garten		Date: 10/17/2012 Title: Director			
Processed 10/17/2012		* Electronically provided signatures are accepted as original signatures.				