| No. C 78617 | | Due no later than May 31, 2015 | | 2. Registered Ag | 2. Registered Agent and Address (NO PO BOX) | | | |
|---|---------------------|--|--|---------------------------------|---|-------------------|-------------------------|--|
| Return to: | | Annual Report Form | | CAROLYN NY | CAROLYN NYSTROM 507 1ST AVE N KETCHUM 83340 | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. HOSPICE AND PALLIATIVE CARE OF THE WOOD RIVER VALLEY, INC. CAROLYN NYSTROM RN, ED | | KETCHUM | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | BOX 4320 KETCHUM ID 83340 USA | | 3. <u>New</u> Register | 3. New 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 | |
| PRESIDENT VICE PRESIDENT SECRETARY | ESIDENT JAN TURIZAN | | PO BOX 5761 PO BOX 330 275 S. GOLDEN EAGLE DR. | KETCHUM SUN VALLEY HAILEY | ID ID ID | USA USA USA | 83340 83353 83333 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID C 78617 | | Signature: Criss Fallowfield | | Da | Date: 03/23/2015 | | | |
| | | Name (type or print): Criss Fallowfield | | Ti | Title: Office Manager | | | |
| Processed 03/23/2015 | | * Electronically provided signatures are accepted as original signatures. | | | | | | |