

| <b>No. C 92329</b>  | <b>Due no later than May 31, 2002</b><br><b>Annual Report Form</b>   |   | <b>2. Registered Agent and Office NO PO BOX</b>  |                    |             |                               |             |              |            |            |                 |   |  |  |  |                 |             |  |  |  |                |              |  |  |  |
|---|--|---|--|--------------------|-------------|-------------------------------|-------------|--------------|------------|------------|-----------------|---|--|--|--|-----------------|-------------|--|--|--|----------------|--------------|--|--|--|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>  | <b>1. Mailing Address - Correct in this box, if applicable</b><br>SHOSHONE MEDICAL CENTER FOUNDATION,<br>ADMINISTRATION<br>3 JACOBS GULCH<br><br>KELLOGG, ID 83837 |   | NANCY PEACOCK<br>3 JACOBS GULCH<br>SMC FOUNDATION<br>KELLOGG, ID 83837<br><br><b>3. New Registered Agent Signature</b> |                    |             |                               |             |              |            |            |                 |   |  |  |  |                 |             |  |  |  |                |              |  |  |  |
| <b>4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.</b><br><table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>president:</td> <td>Michael Peacock</td> <td rowspan="3">           40 Shoshone Medical Center Foundation<br/>           Administration<br/>           3 JACOBS Gulch<br/>           Kellogg Id 83837         </td> <td></td> <td></td> <td></td> </tr> <tr> <td>vice president:</td> <td>Lynn Haughn</td> <td></td> <td></td> <td></td> </tr> <tr> <td>sec/treasurer:</td> <td>Mary Ferraro</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |  |   |  | <u>Office held</u> | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> | president: | Michael Peacock | 40 Shoshone Medical Center Foundation<br>Administration<br>3 JACOBS Gulch<br>Kellogg Id 83837 |  |  |  | vice president: | Lynn Haughn |  |  |  | sec/treasurer: | Mary Ferraro |  |  |  |
| <u>Office held</u>  | <u>Name</u>  | <u>Street or P.O. Address</u>   | <u>City</u>  | <u>State</u>       | <u>Zip</u>  |                               |             |              |            |            |                 |   |  |  |  |                 |             |  |  |  |                |              |  |  |  |
| president:  | Michael Peacock  | 40 Shoshone Medical Center Foundation<br>Administration<br>3 JACOBS Gulch<br>Kellogg Id 83837 |  |                    |             |                               |             |              |            |            |                 |   |  |  |  |                 |             |  |  |  |                |              |  |  |  |
| vice president:   | Lynn Haughn  |   |  |                    |             |                               |             |              |            |            |                 |   |  |  |  |                 |             |  |  |  |                |              |  |  |  |
| sec/treasurer:  | Mary Ferraro   |   |  |                    |             |                               |             |              |            |            |                 |   |  |  |  |                 |             |  |  |  |                |              |  |  |  |
| <b>5. Organized Under the Laws of:</b><br><br>IDAHO<br>C 92329  | <b>6.</b><br>Signature <u><i>Michael Peacock</i></u> Date <u>3-11-02</u><br>Name (Typed or Printed) <u>Michael Peacock</u> Title <u>President</u>                  |   |  |                    |             |                               |             |              |            |            |                 |   |  |  |  |                 |             |  |  |  |                |              |  |  |  |