No. <b>C1</b> 06737		Annual Report Form 1907 Due No Later Than November 30.			2. Registered Agent and Office NOT A P.O. BOX		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED ** FINAL NOTICE **		Mailing Address - Please Correct, If Not Correct			VEPN HANSON 400 W YELLOWSTONE AVE SILVERTON ID ,83867		
		SILVER VALLEY MEDICAL CENTER  400 w yellowstone ave PO BOX 30 SILVERTON ID 83857					
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					I. Corporations: I	Enter Names and	Addresses of er Names and
Office held	<u>Name</u>		Street or P.O. Addre	<u> </u>	City	State	<u>Zip</u>
fresident	Edna Sea	ton	RO. BOX 252	Silve	rtoN	Idaho	83867
Secretary Margie		odd	P.O. BOX 254	Silve		Idaho	83867
Director	Anne Can		RO. Box 486	Silve		Idaho	83867
Director	Linda Bri	unette	218 Cedar		lace	Idaho.	83873
irector ·	James W	interset	- 211 Cedar	Wall	a Ce	Idaho	£18EB.
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Hospital Fo	undution	[ ]	<ol><li>I certify that this Arinda knowledge true correct</li></ol>	Report/has been e	xamined by me	and is to the be	est of my
•			Signature Signature	and Complete.	Date	10/20/9	77
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			Name (Typed or VERN	HANSON	Title	<u>Checutive</u>	HIEC ADL
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