

No. <b>C 81402</b>		Due no later than May 31, 2009 <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> HOSPICE OF BENEWAH COUNTY, INC. GAIL RESSER 702 W. COLLEGE AVE ST. MARIES ID 83861-1824 USA		GAIL RESSER 702 COLLEGE ST. MARIES ID 83861		
				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	LISA LLOYD	PO BOX 361	ST MARIES	ID	USA	83861
DIRECTOR	DON VAIL	1530 COTTONWOOD DR	ST MARIES	ID	USA	83861
DIRECTOR	GARDNER CROMWELL	927 1ST STREET	ST MARIES	ID	USA	83861
DIRECTOR	LARRY STEARNS	48 SUNNY ROAD	ST MARIES	ID	USA	83861
DIRECTOR	DEBBIE STOGSDILL	PO BOX 77	ST MARIES	ID	USA	83861
DIRECTOR	LARRY STOGSDILL	PO BOX 77	ST MARIES	ID	USA	83861
TREASURER	VIRGINIA OAKES	PO BOX 472	ST MARIES	ID	USA	83861
SECRETARY	JOSEPHINE JELLISON	109 E COLLEGE #17	ST MARIES	ID	USA	83861
PRESIDENT	MARTHA VAIL	1530 COTTONWOOD DR	ST MARIES	ID	USA	83861
5. Organized Under the Laws of:  <b>ID C 81402</b>		6. Annual Report must be signed.* Signature: Gail Resser Name (type or print): Gail Resser Date: 03/18/2009 Title: Coordinator				
Processed 03/18/2009		* Electronically provided signatures are accepted as original signatures.				