

No. C 104343		Due no later than Dec 31, 2014		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		Annual Report Form 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 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	TERESA RAE	237 WINDSWEPT COURT	NAPLES	ID	USA	83847	
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	
SECRETARY	KERBY JANIS	212 WINTER RD	MOYIE SPRINGS	ID	USA	83845	
DIRECTOR	DELRENE DANIELS	P.O. BOX 727	BONNERS FERRY	ID	USA	83805	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 104343		Signature: Marcia Morman				Date: 01/06/2015	
		Name (type or print): Marcia Morman				Title: Contact	
Processed 01/06/2015		* Electronically provided signatures are accepted as original signatures.					