No. <b>C 210148</b>	Due no later than Jun 30, 2017	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form	INCORP SERVICES, INC.			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.	1310 S VISTA AVE STE 27 BOISE ID 83705			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	BEACON HEALTH FOUNDATION, INC. 615 N MICHIGAN ST SOUTH BEND IN 46601	BOISE ID 65/05			
		3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE					
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 PHILIP A NI	EWBOLD 615 N MICHIGAN ST	SOUTH BEND	IN		46601
5. Organized Under the Laws of:	6. Annual Report must be signed.*				
IN	Signature: Barbara Jimenez	Date: 04/26/2017			
C 210148	Name (type or print): Barbara Jimenez	Title:	Renewals A	ssociate	
Processed 04/26/2017	* Electronically provided signatures are accepted as original signatures.				