

No. C 48019

Annual Report Form

Due No Later Than November 30,

1997

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

1 Mailing Address Please Correct If Not Correct

DISTRICT 7 HEALTH DEPARTMENT
JEANNE DUNCAN
254 E STREET

WM. BRUCE ARNELL
254 E STREET

IDAHO FALLS ID 83401

3 Organized Under the Laws of

* FIRST NOTICE *

IDAHO FALLS

ID 83402 3597

ID

C 48019

4. Corporations: Enter Names and Business Addresses of **President, Secretary and Directors**
Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
CHAIRMAN	DARWIN W CASPER	PO BOX 225	LEWISVILLE	ID	83431
VICE CHAIRMAN	GRANT CHANDLER	PO BOX 38	ST ANTHONY	ID	83445
SECRETARY	WM BRUCE ARNELL	254 E STREET	IDAHO FALLS	ID	83402
MEMBER	CLIFF LONG	605 N CAPITAL	IDAHO FALLS	ID	83402
MEMBER	GENEO KNIGHT	PO BOX 774	DRIGGS	ID	83422
MEMBER	PATTI BURKE	315 COURTHOUSE DR	SALMON	ID	83467
MEMBER	LIN HINTZE	PO BOX 125	MACKAY	ID	83251
MEMBER	BROOKE PASSEY	9773 S SNAKE RIVER RD	REXBURG	ID	83440
MEMBER	CHARLES VADNAIS	PO BOX 134	DUBOIS	ID	83423

5.

6.

Signature



Date

7/17/97

Name (Typed or Printed)

WM BRUCE ARNELL

Title

DIRECTOR

ISSUED: 07-04-1997

DO NOT TAPE OR STAPLE

8446