



Idaho Corporation Annual Report Form

File online at: sosbiz.idaho.gov

Due no later than: 04/30/2021

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Return	completed	form	within	30	daysito

Idaho Secretary of State
Attn: Annual Reports
450 North 4th Street
Boise, ID 83720

04/29/2

Annual Report: No filing fee if received by the due date.					Phone	Phone: (208) 334-2300		
SOS Contro	ol Number: 94464	Fili	ng Status: Ad	ctive-Good S	tanding			
Non-Profit Corporation (D)			te Formed: 04	1/17/1954	Forma	ation Locale: ID		H
MEDICINE I	Mailing Address: MT. GRANGE NO. 84 P GHWAY 3 I, ID 83842-9731	ATRONS OF	HUSBANDR	-) Add or Chang	e Mailing Address:		11:57 AM
Registered LARRY DOI 311465 HW MEDIMONT	Y 3	tered Office	(RO) Addres	s : (2	?) Change RA a	nd/or RO Address:		Received
(3) New Re	Note: The f		e address mus	t be a physical	ldaho address	(no postal box).		ьу ID
			f a new agent is a	opointed in item (2) above, the nev	v agent must sign here to a	iccept the a	appointment.
(4) Corporation	ns: Enter names and busines	s addresses (wit	h zip code) of the	President, Vice	e President, Sec	cretary, Treasurer.		ě
Title	Name		Business Ad	dress		City, State, Zip		ř
Pres.	LARRY Done	hoe .	31146 5. 14	urf 3		Medimoni	Td	8384
Sec.	Dorothy Don	oboe .	31146 F	1W 43		MedinoNT	TO	83842
Treas.	Beverly KLE	IN	14683 5. K	LEIN Med	trail	MEDIMONT,	Id	838HZ
LECTure	R Dorothy Done	phoe.	31146 5.	HWY3		MEDIMONT,	Id.	83842
(5) Board of D	pirectors names and business	addresses (with	zip code). Attacl	n additional shee	et if necessary.			H
Name		Busines	s Address			City, State, Zip		7
RHV	Chatfield	24939	E. Kilari	Jev LAK	c RD	Cataldo,	Ed _	83810
Carl	ECKLUDO	2265		EDIMONT	- Rd	MEDIMENT.	Id	83842
Dougla	15 NEW	16673	5. Bu	11 Rup	Rd	CaTALDO,	Id	83842
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	P .					o 4 -		9.5 L
(5) Signature:	Jarry Touchel			(6) Date: 4	-26-21		<u> </u>
(7) Type/Print f	Name: LAKKY DOD	whie		(8)) Title: Pres	_a		ā

Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.