

No. C 92329	Annual Report Form 1996 Due No Later Than November 30,		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 ** FINAL NOTICE **	1. Mailing Address - Please Correct, If Not Correct SHOSHONE MEDICAL CENTER FOUN JERRY COBB JACOBS GULCH KELLOGG ID 83837		JERRY COBB JACOBS GULCH KELLOGG ID 83837 3. Organized Under the Laws of: ID C 92329

4. Corporations: Enter Names and 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
PRESIDENT	JERRY COBB	120 W. RIVERSIDE	KELLOGG	ID	83837
SECRETARY	SUSAN MORASKO	P.O. BOX 341	OSBURN	ID	83849
TREASURER	TERESA SEELY	209 EMERALD DR.	KELLOGG	ID	83837
DIRECTOR	BETTY ABLEMAN	214 EMERALD DR.	KELLOGG	ID	83837
DIRECTOR	BRAID CORKILL	S. 14445 SHADY LANE	CATALDO	ID	83810
DIRECTOR	JACQUES LEMIEUX	137 ELIZABETH PARK BL.	KELLOGG	ID	83837
DIRECTOR	BOB STOVERN	P.O. BOX 719	PINEHURST	ID	83850
DIRECTOR	JULI ZOOK	P.O. BOX 604	OSBURN	ID	83849

5. NATURE OF BUSINESS BENEFIT SHOSHONE MEDICAL CENTER	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u><i>Jerry Cobb</i></u> Date <u>10/16/96</u> Name (Typed or Printed) <u>Jerry Cobb</u> Title <u>President</u>
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ISSUED: 10-05-1996

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