REINSTATEMENT FILE..... CTIVE

No. C 96903		Annual Report Form ADMIN DISSOLVED 03/08/2001	2. Registered Agen	2. Registered Agent and Office NOT A P.O. BOX		
Return to:			MASSARET BURKE Jo Moore			
SECRETARY OF STATE		ress - Correct in this box, if applicable				
700 WEST JEFFERSON CLEA PO BOX 83720		ATER VALLEY HOSPITAL FOUNDATION	301 Cedar, CVH OROFINO, ID 83544			
BOISE, ID 83720-0080 PO E		BOX 2169				
FEE DUE \$30.00 OROFIN		, ID 83544	3. New registered agent signature  On more			
<ol> <li>Corporations: Ent Limited Liability C</li> </ol>	er Names and Business Addres ompanies: Enter Names and Ad	ses of President, Secretary and Directors dresses of   Managers or  Members (check one	*)	· /		
Office held	<u>Name</u>	Street or P.O. Address	City	<u>State</u>	Zip	
President	Eugene Fish	4523 Sunnyside Bench Rd	Lenore	Id	83541	
Vice President	Elfreda Engblom	12310 Grand Ave	Orofino	Id	83544	
Secretary	Beverly Kayler	PO Box 157	Peck	Id	83545	
Treasure	Linda Meacham	1070 Angel Rdg Rd	Peck	Id	83545	
5. Organized under the	laws of:	6. A. m	·	:2/22		
IDAHO		Signature	Date _	3/27/	2061	
C 96903		Name (Typed or Jo Moore	Title	Lecutiv	2001 e Director	

Issued 03/22/2001