

No. <b>C 118300</b>		<b>Due no later than Feb 28, 2017</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  BEAR LAKE VALLEY HEALTH CARE FOUNDATION, INC. JORY HUNTER 164 S. 5TH MONTPELIER ID 83254		JORY HUNTER 164 S 5TH ST MONTPELIER ID 83254		
				3. <u>New</u> Registered Agent Signature:*		
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
DIRECTOR	MAKENZIE HARRIS	274 NORTH 5TH	MONTPELIER	ID	USA	83254
DIRECTOR	STEVE BECK	PO BOX 81	COKEVILLE	WY	USA	83114
DIRECTOR	CHRIS CLAUSING	PO BOX 126	PARIS	ID	USA	83261
PRESIDENT	SUSAN CRANE	274 E. CENTER, BENNINGTON	MONTPELIER	ID	USA	83254
VICE PRESIDENT	CHAD HANSEN	710 WASHINGTON ST	MONTPELIER	ID	USA	83254
DIRECTOR	CORIN EBORN	532 N 4TH ST	MONTPELIER	ID	USA	83254
DIRECTOR	LINDA ARNELL	441 JEFFERSON ST.	MONTPELIER	ID	USA	83254
DIRECTOR	LAURA BECK	P.O. BOX 81	COKEVILLE	WY	USA	83114
DIRECTOR	KATHY KIES	929 JEFFERSON ST.	MONTPELIER	ID	USA	83254
DIRECTOR	LAURIE CROCKETT	505 N 8TH	MONTPELIER	ID	USA	83254
TREASURER	JANET LINDSAY	PO BOX 626	GARDEN CITY	UT	USA	84028
DIRECTOR	KIRBY SHEPHERD	861 N. 8TH	MONTPELIER	ID	USA	83254
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
<b>ID</b> <b>C 118300</b>		Signature: JORY HUNTER Name (type or print): JORY HUNTER		Date: 01/23/2017 Title: EXECUTIVE DIRECTOR		
Processed 01/23/2017		* Electronically provided signatures are accepted as original signatures.				