

No. C 145098		Due no later than Aug 31, 2012 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. LORI OLSON MARKS FOUNDATION FOR HOSPICE CARE, INC. (THE) VANCE FAGER PO BOX 3881 IDAHO FALLS ID 83403 USA		ROBERT COLLETTE 3470 WASHINGTON PARKWAY IDAHO FALLS ID 83404			
						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	VANCE FAGER	3470 WASHINGTON PARKWAY	IDAHO FALLS	ID	USA	83404	
DIRECTOR	STEVE WRIGHT	3470 WASHINGTON PARKWAY	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of: ID C 145098		6. Annual Report must be signed.* Signature: Vance Fager Name (type or print): Vance Fager					
		Date: 06/13/2012 Title: Director					
Processed 06/13/2012 * Electronically provided signatures are accepted as original signatures.							