

No. C 176202		Due no later than Dec 31, 2011		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. IDAHO HEALTH CARE ASSOCIATION FOUNDATION, INC. ANGIE GRAVES 1524 W. CAYUSE CREEK DR MERIDIAN ID 83646 USA		ROBERT VANDE MERWE 1524 W. CAYUSE CREEK DR. MERIDIAN ID 83646		
				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	ZENDI MEHARRY	995 S. HILTON	BOISE	ID	USA	83705
DIRECTOR	JOHN SCHULKINS	210 CLEVELAND BLVD	CALDWELL	ID	USA	83605
TREASURER	ANGIE GRAVES	1524 W. CAYUSE CREEK DR	MERIDIAN	ID	USA	83646
DIRECTOR	LINDA SIMON	3921 KESSINGER LANE	BOISE	ID	USA	83703
PRESIDENT	ROBERT VANDE MERWE	1524 W. CAYUSE CREEK DRIVE	MERIDIAN	ID	USA	83646
DIRECTOR	BRETT WATERS	2085 AVOCET	IDAHO FALLS	ID	USA	83406
SECRETARY	KRIS ELLIS	11220 DANIEL COURT	BOISE	ID	USA	83713
DIRECTOR	SHANE BELL	404 HORTON	NAMPA	ID	USA	83651
DIRECTOR	GRAHAM CHRISTENSEN	PO BOX 2792	HAYDEN	ID	USA	83835
5. Organized Under the Laws of: ID C 176202		6. Annual Report must be signed.* Signature: Angie Graves Name (type or print): Angie Graves Date: 11/11/2011 Title: Treasurer				
Processed 11/11/2011		* Electronically provided signatures are accepted as original signatures.				