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| No. C 76750 | | Due no later than Sep 30, 2015 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. NORTH REGIONAL HEALTH CARE FOUNDATION INC KELLY MCCOOL PO BOX 612 GOODING ID 83330 USA | | BILL CANINE 267 N CANYON DR GOODING ID 83330 | | |
| | | | | 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 | JUDY DEMARRAY | PO BOX 612 | GOODING | ID | USA | 83330 |
| TREASURER | JESSICA JACOBSON | PO BOX 612 | GOODING | ID | USA | 83330 |
| SECRETARY | JULIE BURTON | PO BOX 612 | GOODING | ID | USA | 83330 |
| VICE PRESIDENT | MARIAN MASTES | PO BOX 612 | GOODING | ID | USA | 83330 |
| PRESIDENT | KELLY MCCOOL | 1868 SOUTH 1850 EAST | GOODING | ID | USA | 83330 |
| 5. Organized Under the Laws of: ID C 76750 | | 6. Annual Report must be signed.* Signature: Kelly McCool Name (type or print): Kelly McCool Date: 09/04/2015 Title: President | | | | |
| Processed 09/04/2015 | | * Electronically provided signatures are accepted as original signatures. | | | | |