

No. C 99643

REINSTATEMENT

NO FEE REQUIRED

** FINAL NOTICE **

Annual Report Form 1996

Due No Later Than November 30,

1. Mailing Address - Please Correct, If Not Correct

ONEIDA COUNTY HEALTHCARE FOU

SHELLEY THORPE

150 N 200 W

MALAD CITY ID 83252

2. Registered Agent and Office NOT A P.O. BOX

SHELLY THORPE

150 N 200 W

MALAD CITY ID 83252

3. Organized Under the Laws of:

ID C 99643

4. Corporations: Enter Names and Addresses of President, Secretary and Directors
 Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
President	Loyd Briggs	241 Deschamp Rd.	Malad,	Idaho	83252
Secretary	Vern Bastian	85 Grandview Dr.	Malad,	Idaho	83252
Directors	Foster Ipsen	284 N. Main	Malad,	Idaho	83252
	Maurine Corbridge	443 Deep Creek Rd.	Malad,	Idaho	83252
	Lisa Lewis	51 E. 100 N.	Malad,	Idaho	83252
	Joan Williams	510 Grandview Dr.	Malad,	Idaho	83252
	Debbie Horsley	146 W. 300 N.	Malad,	Idaho	83252

5. NATURE OF BUSINESS

SUPPORT FOR THE HOSPITAL

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.

Signature Loyd Briggs Date 1/10/96

Name (Typed or Printed) Loyd Briggs Title President

ISSUED: 10-05-1996

780

↓ DO NOT TAPE OR STAPLE ↓