

No. C 116517		Due no later than Sep 30, 2017 Annual Report Form		2. Registered Agent and Address (NO PO BOX) KATHY HUBBARD 150 N 200 W MALAD CITY ID 83252		
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. ONEIDA COUNTY HOSPITAL FOUNDATION, INC. KATHY HUBBARD 150 N 200 W PO BOX 126 MALAD CITY ID 83252		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	JOE THOMAS	100 EAST 155 SOUTH	MALAD	ID	USA	83252
DIRECTOR	KATHY HUBBARD	150 N 200 W	MALAD	ID	USA	83252
PRESIDENT	KERRY EVANS	835 NORTH 200 WEST	MALAD	ID	USA	83252
DIRECTOR	ROXANNE ALBRETSSEN	396 NORTH 400 WEST	MALAD	ID	USA	83252
SECRETARY	CALEEN PICKETT	284 NORTH MAIN	MALAD	ID	USA	83252
TREASURER	PAULA DAVIS	1726 S 2400 W	MALAD	ID	USA	83252
DIRECTOR	EUARDA DANIELS	294 NORTH 100 WEST	MALAD	ID	USA	83252
DIRECTOR	JOHN WILLIAMS	320 NORTH 300 WEST	MALAD	ID	USA	83252
DIRECTOR	ROBERT CROWTHER	766 NORTH 500 WEST	MALAD	ID	USA	83252
DIRECTOR	JAKE HESS	1550 NORTH 1700 WEST	MALAD	ID	USA	83252
VICE PRESIDENT	ANGIE IHLER	3930 E 5500 N	MALAD	ID	USA	83252
5. Organized Under the Laws of: <div style="text-align: center;">ID C 116517</div>						
6. Annual Report must be signed.* <div style="display: flex; justify-content: space-between;"> <div>Signature: KATHY HUBBARD</div> <div>Date: 09/25/2017</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Name (type or print): KATHY HUBBARD</div> <div>Title: DIRECTOR</div> </div>						
Processed 09/25/2017		* Electronically provided signatures are accepted as original signatures.				