

| | | | | | | | |
|--|---------------|---|-----------|---|---------|--------------------------------------|--|
| No. C 116249 | | Due no later than Aug 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 | | VICKIE BENNETT 401 CAMAS AVE. WEST FAIRFIELD ID 83327 | | | |
| | | 1. Mailing Address: Correct in this box if needed. CAMAS COUNTY MEDICAL SERVICES BOARD, INC. JULIE K BOTZ PO BOX 344 FAIRFIELD ID 83327 USA | | 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 | |
| TREASURER | JULIE K BOTZ | BOX 344 | FAIRFIELD | ID | USA | 83327 | |
| DIRECTOR | LAIRA THOMAS | BOX 344 | FAIRFIELD | ID | USA | 83327 | |
| SECRETARY | JEFF RAST | BOX 344 | FAIRFIELD | ID | USA | 83327 | |
| PRESIDENT | ROBBIE MILLER | BOX 344 | FAIRFIELD | ID | USA | 83327 | |
| 5. Organized Under the Laws of: ID C 116249 | | 6. Annual Report must be signed.* Signature: Julie K. Botz Name (type or print): Julie K. Botz | | | | Date: 06/14/2011 Title: Treasurer | |
| Processed 06/14/2011 | | * Electronically provided signatures are accepted as original signatures. | | | | | |