No. c109853	Due	Annual Report Form No Later Than November 30, 1995	2. Registered Agent	and Office N (OT A P.O. BOX
Return to: SECRETARY OF STATE		1. Mailing Address / Please Correct, If Not Correct		gelski IN	
700 WEST JEFFERSON PO BOX 83720	PALOUSE COOPERATIVE HEALTH S		7 / 30 3 144	.L :W	
BOISE, ID 83720-0080 NO FEE REQUIRED	Daniel Sm	Daniel Smigelski		10	83843
			Organized Under the Laws of:		
4. Corporations: Enter Names and Addresses		ID 83843	10		9853
Limited Liability Companies: En	ter Names and Add	esident, Secretary and Directors resses of Managers or Members	(check one)		
Office held Name		Street or P.O. Address	City	State	Zip
Ulrector Scott Director Jeann	Perry I Smigelski Adams e Eylar Presol	700 South Main Street 700 South Main Street NE 1125 Washington NE 1125 Washington 700 South Main Street	Moscow Moscow Pullman Pullman Moscow	ID ID WA WA ID	83843 83843 99163 99163 83843
NATURE OF BUSINESS 6. I certify that this Annyal Report has been exposed and considere. Signature HOSPITAL BUSINESS SERVICES (Typed of Printed)		Date	d is to the b	est of my	
ISSUED: 07-06-1996			25662		
ons,		E.	25	JUZ	ļ
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