

No. C 151732		Due no later than Nov 30, 2009		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 1. Mailing Address: Correct in this box if needed. FRANKLIN COUNTY HEALTHCARE FOUNDATION, INC. TRISH CHECKETTS 44 NORTH 100 EAST PRESTON ID 83263		TRISH CHECKETTS 44 NORTH 100 EAST PRESTON ID 83263		
				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	TRISH CHECKETTS	353 E ONEIDA	PRESTON	ID	USA	83263
DIRECTOR	PAUL SMART	280 SOUTH 400 WEST	PRESTON	ID	USA	83263
DIRECTOR	PAUL CAMPBELL	297 EAST DEPOT	WESTON	ID	USA	83283
DIRECTOR	CLAIR DAVIS	470 MAIN HWY	CLIFTON	ID	USA	83228
DIRECTOR	DOUGLAS WEBB	10 NORTH 1 EAST	PRESTON	ID	USA	83263
DIRECTOR	AMY WHITEHEAD	650 EAST 145 SOUTH	PRESTON	ID	USA	83263
DIRECTOR	ROBERT GEDDEW	7235 NORTH 2600 WEST	PRESTON	ID	USA	83263
DIRECTOR	MICHAEL G. ANDRUS	44 NORTH 100 EAST	PRESTON	ID	USA	83263
5. Organized Under the Laws of: ID C 151732		6. Annual Report must be signed.* Signature: Trish Checketts Name (type or print): Trish Checketts Date: 09/22/2009 Title: Executive Director				
Processed 09/22/2009		* Electronically provided signatures are accepted as original signatures.				