	Due no later than April 30, 2005	
Return to:	Annual Report Form	2. Registered Agent and Office NO PO BO
SECRETARY OF STATE	Mailing Address - Correct in this box, if applicable	STACEY CAMPBELL BETH A
700 WEST JEFFERSON	WEISER MEMORIAL HOSPITAL FOUNDATION	1 045 E FIFTH ST
PO BOX 83720 BOISE, ID 83720-0080	1 040 5 0 1 1 0 1	WEISER, ID 83672
BOISE, ID 83720-0080	WEISER, ID 83672	
NO FILING FEE IF		
RECEIVED BY DUE DATE		3. New Registered Agent Signature
		11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Corporations: Enter Nar	mes and Business Addresses of President, Secreta	101011les
Office held Name	Street or P.O. Address	ry and Directors.
2	City	State Zin
Deth Liles 6	OHE E Other	<u>State</u> <u>Zip</u>
_	SHEET OF P.O. Address City 645 E 5th St Weiser Icl	73/36
	<u> </u>	03612
Organized Hadas #		
5. Organized Under the Laws of:	6. Box 12	
5. Organized Under the Laws of: IDAHO		
	6. Signature Mines	Date 2-8-05
IDAHO	Signature Ministry	
IDAHO C 86520		Date 2-8-05 Securive Outscrope Title Outs ALE + Outscrope
IDAHO	Signature Ministry	GREUTYPARTETER