No. **C 108619**	**Due no later than Dec 31, 2015**	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.** CARIBOU MEMORIAL HOSPITAL FOUNDATION, INC. MICHAEL PECK 300 SOUTH 3RD W SODA SPRINGS ID 83276	MICHAEL PECK 300 S 3RD W SODA SPRINGS ID 83276 3. New 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	FRANK CHADWICK	P.O. BOX 486	SODA SPRINGS	ID	USA	83276
VICE PRESIDENT	CHRIS GUEDES	720 E. 4TH N.	SODA SPRINGS	ID	USA	83276
PRESIDENT	SUZIE NELSON	2916 WOOD CANYON ROAD	SODA SPRINGS	ID	USA	83276
SECRETARY	MARY OBRAY	P.O. BOX 638	SODA SPRINGS	ID	USA	83276

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 108619**	Signature: Michael D. Peck	Date: 12/17/2015
	Name (type or print): Michael D. Peck	Title: COO, CMH

Processed 12/17/2015

* Electronically provided signatures are accepted as original signatures.