

INSTRUCTIONS ON REVERSE SIDE

No. 99543

Idaho Corporation Annual Report Form

Due No Later Than November 1, 1994

2. Registered Agent and Office **NOT A P.O. BOX**

~~CAREY D HOWELL~~ Shelly Thorpe
150 N 200 W

Return To

Secretary of State
Room 203, Statehouse
Boise, ID 83720

1. Mailing Address — Please Correct, If Not Correct

ONEIDA COUNTY HEALTHCARE FOUNDA
~~CAREY D HOWELL~~ Shelly Thorpe
150 N 200 W

MALAD CITY ID 83252

**** FINAL NOTICE ****
NO FEE REQUIRED

MALAD CITY ID 83252

3. Incorporated Under The Laws
of ID
NO: 99543

4. Names and Addresses of Officers and Directors

MUST BE PRINTED OR TYPED

	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President:	Loyd Briggs	241 Deschamps Rd.	Malad	Idaho	83252
Secretary:	Vern Bastian	85 Grandview Dr.	Malad	ID	83252
Directors:	Dale Reese	284 N. Main	Malad	ID	83252
	Foster Ipsen	135 Sandridge Rd	Malad	ID	83252
	Maurine Corbridge	443 DeepCreek Rd	Malad	ID	83252
	Elaine Mills	474 S Samaria Rd.	Malad	ID	83252
	Khalil Scott	464 W Highway 38	Malad	ID	83252

5. Nature of Business

Hospital Foundation

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.

Signature

Name (Typed or Printed)

Loyd Briggs
President

Date

Title

10/27/94

President