

(No. C 73456)	Annual Report Form Due No Later Than November 30, 1996		2. Registered Agent and Office NOT A P.O. BOX		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct KOOTENAI MEDICAL CENTER FOUN JIM FAUCHER 2003 LINCOLN WAY		JAMES A. FAUCHER 2003 LINCOLN WAY COEUR D'ALENE ID 83814		
* FIRST NOTICE *		COEUR D'ALENE ID 83814	ID	C 73456	
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Paul H. Anderson	1735 N. 15th St.	Coeur d'Alene	ID	83814
Secretary	Cathy Kendrick	PO Box 2541	Hayden Lake	ID	83835
Vice Pres.	Ron Bremer	PO Box 1379	Coeur d'Alene	ID	83816
Treasurer	Richard K. Leichner	610 W Hubbard Ste 226	Coeur d'Alene	ID	83814
Directors:	David L. Chapman	PO Box 7100	Coeur d'Alene	ID	83816
	Dennis B. Hague	703 Lakeside Ave	Coeur d'Alene	ID	83814
	Susan L. Jacklin	1255 E Crystal Bay Rd	Post Falls	ID	83814
	Ellen L. Jaeger	1125 Stanley Hill Rd	Coeur d'Alene	ID	83814
	Timothy Quinn, M.D.	700 Ironwood Dr Ste 304	Coeur d'Alene	ID	83814
5. NATURE OF BUSINESS FUND DEVELOPMENT		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 <u><i>Paul H. Anderson</i></u> Date <u>7/30/96</u> Name (Typed or Printed) <u>Paul H. Anderson</u> Title <u>President</u>			

ISSUED: 07-06-1996

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