

No. C 90322		Due no later than Sep 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. BENEWAH HEALTH SERVICES CORPORATION COLLEEN SMITH BENEWAH COMMUNITY HOSPITAL 229 SOUTH 7TH STREET ST. MARIES ID 83861		COLLEEN SMITH 88 GARDEN TRACTS RD ST. MARIES ID 83861		
				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	CHAD BROWN	103 EAST COLLEGE	SAINT MARIES	ID	USA	83861
DIRECTOR	BRIAN NALL	BENEWAH COMMUNITY HOSPITAL 229 SOUTH 7TH STREET	SAINT MARIES	ID	USA	83861
DIRECTOR	PEGGY CUVALA	PO BOX 146	SAINT MARIES	ID	USA	83861
SECRETARY	COLLEEN SMITH	BENEWAH COMMUNITY HOSPITAL 229 SOUTH 7TH STREET	SAINT MARIES	ID	USA	83861
PRESIDENT	JOHN THOMSON, DDS	307 S. 8TH STREET	SAINT MARIES	ID	USA	83861
5. Organized Under the Laws of: ID C 90322		6. Annual Report must be signed.* Signature: Colleen Smith Name (type or print): Colleen Smith Date: 07/20/2009 Title: Secretary				
Processed 07/20/2009		* Electronically provided signatures are accepted as original signatures.				