

No. C 90322		Due no later than Sep 30, 2009 Annual Report Form		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		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 BENEWAH COMMUNITY HOSPITAL 229	SAINT MARIES	ID	USA	83861	
DIRECTOR	BRIAN NALL	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.							