

No. C 91635		Due no later than Mar 31, 2015 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. EASTERN IDAHO HEALTH SERVICES, INC. LEGAL DEPT PO BOX 750 NASHVILLE TN 37202		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE 83705		
				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
PRESIDENT	SAMUEL N. HAZEN	ONE PARK PLAZA	NASHVILLE	TN	USA	37203
SECRETARY	NATALIE H. CLINE	ONE PARK PLAZA	NASHVILLE	TN	USA	37203
TREASURER	DAVID G. ANDERSON	ONE PARK PLAZA	NASHVILLE	TN	USA	37203
DIRECTOR	DONALD W STINNETT	ONE PARK PLAZA	NASHVILLE	TN	USA	37203
DIRECTOR	JOHN M. FRANCK II	ONE PARK PLAZA	NASHVILLE	TN	USA	37203
DIRECTOR	SAMUEL N. HAZEN	ONE PARK PLAZA	NASHVILLE	TN	USA	37203
5. Organized Under the Laws of: ID C 91635		6. Annual Report must be signed.* Signature: Natalie H. Cline Name (type or print): Natalie H. Cline				
		Date: 01/20/2015 Title: VP & Secretary				
Processed 01/20/2015		* Electronically provided signatures are accepted as original signatures.				