No. **C 73456**	**Due no later than Jul 31, 2011** **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.** KOOTENAI HEALTH FOUNDATION, INC. TERI FARR 2003 N KOOTENAI HEALTH WAY COEUR D'ALENE ID 83814-2611 USA	TERI FARR 2003 N KOOTENAI HEALTH WAY COEUR D'ALENE ID 83814-2611 3. New 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	STEVE GRIFFITTS	PO BOX 1088	COEUR D'ALENE	ID	USA	83816-1088
DIRECTOR	KARL J. YOUNG	PO BOX 3701	COEUR D'ALENE	ID	USA	83816-2529
DIRECTOR	TERENCE NEFF	700 W IRONWOOD DR STE 102	COEUR D ALENE	ID	USA	83814-2666
SECRETARY	LINDA R FOURNIER	1854 E CHALET CT	HAYDEN	ID	USA	83835-6926
PRESIDENT	RONALD B MCINTIRE	PO BOX 10	HAYDEN	ID	USA	83835-0010
TREASURER	ROBERT J YUDITSKY	1233 N NORTHWOOD CTR CT STE 301	COEUR D ALENE	ID	USA	83814-2664
DIRECTOR	MICHAEL R CHAPMAN	PO BOX 1600	COEUR D'ALENE	ID	USA	83816-1600
DIRECTOR	DANIEL W CLARK	307 E SHERMAN AVE	COEUR D ALENE	ID	USA	83814-2726
DIRECTOR	JAMES E TERRILL	4078 E BURCHELL DR	HAYDEN LAKE	ID	USA	83835-8565

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 73456**	Signature: Bonnie D. Delyea Name (type or print): Bonnie D. Delyea	Date: 06/02/2011 Title: Office Coordinator

Processed 06/02/2011

* Electronically provided signatures are accepted as original signatures.