


ID - SOS

4/19/2010 3:55:23 PM PAGE 2/003 Fax Server

FILED EFFECTIVE

No. W 27191	Reinstatement Annual Report Form ADMIN DISSOLVED 03/04/2010		2. Registered Agent and Office (NOT A P.O. BOX) TOM LEGEL 927 E POLSTON STE 303 POST FALLS ID 83854	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. NORTH IDAHO MEDICAL CARE CENTERS, LLC TOM LEGEL 927 E POLSTON STE 303 POST FALLS ID 83854		3. New Registered Agent Signature.	
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.				
President manager	Kootenai Hospital Dist 2003 Lincoln Way CIDA ID 83814	City	State	Country Postal Code
5. Organized Under the Laws of: IDAHO W 27191	6. Signature:  Name (type or print): THOMAS J. LEGEL		Date: 4/19/2010	Title: CFO
Issued 04/19/2010 by CLH				