

No. <b>C 201938</b>		<b>Due no later than Apr 30, 2015</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> LOST RIVERS DISTRICT HOSPITAL, INC. KEVIN D NELSON PO BOX 145 ARCO ID 83213 USA		LEEANN BETZER 551 HIGHLAND DR ARCO 83213		
				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	SAM HAROLDSEN	668 DECORIA AVE	ARCO	ID	USA	83213
DIRECTOR	TONI SPENCER	2811 N 330 W	MOORE	ID	USA	83255
DIRECTOR	DAVID CALLISTER	1454 W 3700 N	HOWE	ID	USA	83244
DIRECTOR	HERALD JARDINE	630 N FRONT ST	ARCO	ID	USA	83213
DIRECTOR	BERT SECRIST	222 LOUISE DR	ARCO	ID	USA	83213
DIRECTOR	OTTO HIGBEE	PO BOX 133	MACKAY	ID	USA	83251
DIRECTOR	MAX BINGHAM	3861 N HWY 93	LESLIE	ID	USA	83255
5. Organized Under the Laws of:  <b>ID C 201938</b>		6. Annual Report must be signed.* Signature: Kevin Nelson Name (type or print): Kevin Nelson Date: 02/17/2015 Title: Director of Compliance				
Processed 02/17/2015		* Electronically provided signatures are accepted as original signatures.				