

No. W 39532		Due no later than May 31, 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		1. Mailing Address: Correct in this box if needed. IDAHO INTEGRATED HEALTHCARE NETWORK, LLC JANICE FULKERSON PO BOX 9778 BOISE ID 83707 USA		CHUCK POMEROY 190 E BANNOCK ST BOISE ID 83712			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	ICHN, LLC	190 E BANNOCK ST	BOISE	ID	USA	83712	
MEMBER	IDAHO INTEGRATED IPA, LLC	190 E. BANNOCK STREET	BOISE	ID	USA	83712	
5. Organized Under the Laws of: ID W 39532		6. Annual Report must be signed.* Signature: Janice Fulkerson Name (type or print): Janice Fulkerson					
Processed 03/16/2009		Date: 03/16/2009 Title: Executive Director * Electronically provided signatures are accepted as original signatures.					