

No. <b>W 811</b>	<b>Due no later than Jan 31, 2011</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b>		CELSO R CHAVEZ 1522 17TH ST LEWISTON ID 83501			
	CLEARWATER MEDICAL CENTER, P.L.L.C. CELSO R CHAVEZ 1522 17TH ST LEWISTON ID 83501		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	CELSO R CHAVEZ	1522 17TH ST	LEWISTON	ID	USA	83501
MANAGER	THERESA SMITH	1522 17TH STREET	LEWISTON	ID	USA	83501
5. Organized Under the Laws of:  <b>ID          W 811</b>	6. Annual Report must be signed.* Signature: Theresa Name (type or print): Theresa		Date: 12/06/2010 Title: Smith			
Processed 12/06/2010		* Electronically provided signatures are accepted as original signatures.				