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| No. C 116370 | | Due no later than Sep 30, 2010 | | 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 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. INTERMOUNTAIN HEALTH CARE, INC. MORRIS D LINTON 36 S STATE ST STE 2200 SALT LAKE CITY UT 84111 USA | | PRENTICE HALL CORP SYSTEM, INC 1401 SHORELINE DR STE 2 BOISE ID 83702 | | | |
| | | | | 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 | |
| PRESIDENT | CHARLES W. SORENSON, JR. M.D. | 36 S. STATE ST., STE.2200 | SALT LAKE CITY | UT | USA | 84111 | |
| SECRETARY | JOSEPH R. HORTON | 36 S. STATE ST., STE.2200 | SALT LAKE CITY | UT | USA | 84111 | |
| 5. Organized Under the Laws of: UT C 116370 | | 6. Annual Report must be signed.* Signature: Gregory P. Poulsen Name (type or print): Gregory P. Poulsen Date: 07/09/2010 Title: Sr. Vice President | | | | | |
| Processed 07/09/2010 | | * Electronically provided signatures are accepted as original signatures. | | | | | |