

No. C 143212		Due no later than Mar 31, 2006		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. BOUNDARY REGIONAL COMMUNITY HEALTH CENTER, INC. VICTORIA MCCLELLAN PO BOX Q BONNERS FERRY ID 83805		CRAIG JOHNSON 6635 COMANCHE ST BONNERS FERRY ID 83805	
				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	DARYL KIRBY	6635 COMANCHE	BONNERS FERRY	ID	83805
5. Organized Under the Laws of: IDAHO C 143212		6. Annual Report must be signed.* Signature: Victoria McClellan Name (type or print): Victoria McClellan Date: 04/10/2006 Title: CEO			
Processed 04/10/2006		* Electronically provided signatures are accepted as original signatures.			