

No. <b>W 811</b>		<b>Due no later than Jan 31, 2018</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> CLEARWATER MEDICAL CENTER, P.L.L.C. JILL M BALL 1522 17TH ST LEWISTON ID 83501		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		83501	
MEMBER	DORIS ZIEGELDORF	1522 17TH ST	LEWISTON	ID	USA	83501	
MEMBER	GENI EVANS	1522 17TH STREET	LEWISTON	ID	USA	83501	
MANAGER	CHERYL LOETSCHER	1522 17TH ST	LEWISTON	ID	USA	83501	
MEMBER	THERESA SMITH	1522 17TH STREET	LEWISTON	ID	USA	83501	
MEMBER	ROBIN HIGHT	1522 17TH STREET	LEWISTON	ID	USA	83501	
MEMBER	CHRISTINE NORWOOD	1522 17TH ST	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of:  <b>ID W 811</b>		6. Annual Report must be signed.* Signature: Jill Ball Name (type or print): Jill Ball Date: 01/04/2018 Title: Administrator					
Processed 01/04/2018		* Electronically provided signatures are accepted as original signatures.					