

No. C 62828		Due no later than Dec 31, 2017 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 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. PA HOSPITAL, P.A. DAVID F TESTER PO BOX 2113 HAYDEN LAKE ID 83835-2113		DAVID F TESTER 920 W PRAIRIE AVENUE COEUR D'ALENE ID 83815			
						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	
SECRETARY	JON C BLOXHAM	920 W PRAIRIE AVENUE	COEUR D'ALENE	ID	USA	83815	
PRESIDENT	DAVID F TESTER	920 W PRAIRIE AVENUE	COEUR D'ALENE	ID	USA	83815-8780	
5. Organized Under the Laws of: ID C 62828		6. Annual Report must be signed.* Signature: DAVID F TESTER Name (type or print): DAVID F TESTER					
		Date: 11/29/2017 Title: PRESIDENT					
Processed 11/29/2017		* Electronically provided signatures are accepted as original signatures.					