

No. C 169241		Due no later than Oct 31, 2017		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. NORTHWEST HOSPITAL ALLIANCE, INC. CARYL JOHNSTON 2003 KOOTENAI HEALTH WAY COEUR D'ALENE ID 83814 USA		CRAIG JOHNSON 2003 KOOTENAI HEALTH WAY COEUR D'ALENE ID 83814		
				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
DIRECTOR	SHERYL RICKARD	520 NORTH 3RD AVENUE	SANDPOINT	ID	USA	83864
PRESIDENT	CRAIG JOHNSON	6640 KANIKSU ST	BONNERS FERRY	ID	USA	83805
SECRETARY	JON NESS	2003 KOOTENAI HEALTH WAY	COEUR D'ALENE	ID	USA	83814
DIRECTOR	JERRY BRANTZ	25 JACOBS GULCH	KELLOGG	ID	USA	83837
DIRECTOR	ANTHONY KOROUGH	229 SOUTH 7TH STREET	ST. MARIES	ID	USA	83861
5. Organized Under the Laws of: ID C 169241		6. Annual Report must be signed.* Signature: Caryl D. Johnston Name (type or print): Caryl D. Johnston Date: 09/20/2017 Title: Director				
Processed 09/20/2017		* Electronically provided signatures are accepted as original signatures.				