No. C 175321		Due no later than Oct 31, 2011	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form	LOUIS KRAML			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. REGIONAL HEALTH ALLIANCE, INC. LOUIS D KRAML 98 POPLAR BLACKFOOT ID 83221-1758	98 POPLAR BLACKFOOT ID 83221-1758 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA				
4. Corporations: Enter Nan	nes and Bus	iness Addresses of President, Secretary, and Directors. Treasurer	(optional).			
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	LOUIS KR	AML 98 POPLAR STREET	BLACKFOOT	ID	USA	83221
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID		Signature: Louis Kraml	Date: 08/12/2011			
C 175321		Name (type or print): Louis Kraml	Title: Agent			
rocessed 08/12/2011 * Electronically provided signatures are accepted as original signatures.						