



**STATEMENT OF CHANGE OF
REGISTERED AGENT,
REGISTERED OFFICE,
OR BOTH**

(See reverse for instructions)

2017 SEP 26 AM 8:39

SECRETARY OF STATE
STATE OF IDAHO

File #: 0185192

The undersigned entity submits the following statement for the purpose of changing its registered agent, its registered office, or both, in the State of Idaho.

1. The name of the entity is:

WALTER KNOX COMMUNITY HOSPITAL, INC

2. The name and street address of the old registered agent and office is:

WADE JOHNSON

1202 E LOCUST ST

EMMETT, ID 83617

3. The name and street address of the new registered agent and office in Idaho is:


BRAD TURPEN

1202 E LOCUST ST

(not a PO box or PMB)

EMMETT, ID 83617

I consent to serve as registered agent for the above-named entity.


(Signature of new registered agent)

9/21/2017
(Date)

Date: 9/21/17

Signature: 

Printed: Brad Turpen

Capacity: CEO

NO FEE REQUIRED