

No. W 39532	Due no later than May 31, 2011 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.		CHUCK POMEROY 1500 SHORELINE DRIVE BOISE ID 83707			
	IDAHO INTEGRATED HEALTHCARE NETWORK, LLC JANICE FULKERSON PO BOX 9778 BOISE ID 83707 USA		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	ICHN, LLC	190 E BANNOCK ST	BOISE	ID	USA	83712
MEMBER	IDAHO INTEGRATED IPA, LLC	190 E. BANNOCK STREET	BOISE	ID	USA	83712
5. Organized Under the Laws of: ID W 39532	6. Annual Report must be signed.*					
		Signature: Janice Fulkerson	Date: 03/17/2011			
		Name (type or print): Janice Fulkerson	Title: Executive Director			
Processed 03/17/2011		* Electronically provided signatures are accepted as original signatures.				