

No. <b>W 39532</b>		<b>Due no later than May 31, 2011</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		CHUCK POMEROY 1500 SHORELINE DRIVE BOISE ID 83707			
		<b>1. Mailing Address: Correct in this box if needed.</b> 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:		6. Annual Report must be signed.*					
<b>ID W 39532</b>		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.					