No. **C 73456**	**Due no later than Jul 31, 2015** **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.** KOOTENAI HEALTH FOUNDATION, INC. BONNIE D. DELYEA 2003 N KOOTENAI HEALTH WAY COEUR D'ALENE ID 83814-2611 USA	SHAWN BASSHAM 2271 IRONWOOD CENTER DR COEUR D'ALENE ID 83814-2611 3. New 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	CHRISTOPHER F. MEYER	2100 NW BLVD SUITE 350	COEUR D'ALENE	ID	USA	83814-5047
DIRECTOR	LINDA R. FOURNIER	1854 E CHALET CT	HAYDEN	ID	USA	83835-6926
DIRECTOR	EVE L. KNUDTSEN	1900 E POLSTON AVE	POST FALLS	ID	USA	83854-5365
PRESIDENT	MICHAEL R. CHAPMAN	PO BOX 1600	COEUR D'ALENE	ID	USA	83816-1600
TREASURER	STEVEN J. GRIFFITTS	101 IRONWOOD DR SUITE 148	COEUR D'ALENE	ID	USA	83814-1406
VICE PRESIDENT	PETER C. WAGSTAFF	610 W HUBBARD ST STE 202	COEUR D'ALENE	ID	USA	83814-2287
SECRETARY	GEORGIANNE JESSEN	5475 E SHORELINE DR	POST FALLS	ID	USA	83854-6858
DIRECTOR	ALBERT J. MARTINEZ	700 W IRONWOOD DR STE 110	COEUR D'ALENE	ID	USA	83814-2666
DIRECTOR	RUSSELL K. PORTER	PO BOX 1059	COEUR D'ALENE	ID	USA	83816-1059

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 73456**	Signature: Bonnie D. Delyea Name (type or print): Bonnie D. Delyea	Date: 07/22/2015 Title: Office Coordinator

Processed 07/22/2015

* Electronically provided signatures are accepted as original signatures.