

No. W 108358		Due no later than Nov 30, 2012		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		Annual Report Form		GROVER C PETERS III 1420 S BLAINE ST STE 5 MOSCOW ID 83843			
		1. Mailing Address: Correct in this box if needed. PULLMAN REGIONAL HOSPITAL CLINIC NETWORK, L.L.C. LAMB & WILLS PLLC 254 E MAIN ST SUITE 240 PULLMAN WA 99163		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	STEVE FEBUS	PULLMAN REGIONAL HOSPITAL 835 SE BISHOP BLVD	PULLMAN	WA	USA	99163	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
WA W 108358		Signature: Sara Mehlenbacher			Date: 09/13/2012		
		Name (type or print): Sara Mehlenbacher			Title: Admin Assistant		
Processed 09/13/2012		* Electronically provided signatures are accepted as original signatures.					