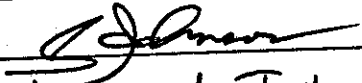


No. C 109505	Due no later than February 28, 2007 Annual Report Form		2. Registered Agent and Office NO PO BOX CRAIG A JOHNSON BOUNDARY COMMUNITY HOSPITAL 6640 KANIKSU ST BONNERS FERRY, ID 83805												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable BOUNDARY HEALTH NETWORK, INC. CRAIG A JOHNSON BOUNDARY COMMUNITY HOSPITAL 6640 KANIKSU BONNERS FERRY, ID 83805		3. New Registered Agent Signature												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Secy.</td> <td>CRAIG JOHNSON</td> <td>6640 KANIKSU</td> <td>BONNERS FERRY</td> <td>ID</td> <td>83805</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Secy.	CRAIG JOHNSON	6640 KANIKSU	BONNERS FERRY	ID	83805
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
Secy.	CRAIG JOHNSON	6640 KANIKSU	BONNERS FERRY	ID	83805										
5. Organized Under the Laws of: IDAHO C 109505	6. Signature  Name (Typed or Printed) <u>CRAIG A. JOHNSON</u>			Date <u>12/11/2006</u> Title <u>SECRETARY</u>											

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