No. W 34104		Due no later than Oct 31, 2016 Annual Report Form		2. Registered Ag	2. Registered Agent and Address (NO PO BOX) SHERYL RICKARD 520 N 3RD SANDPOINT ID 83864 3. New Registered Agent Signature:*			
Return to:								
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. PINEGROVE MEDICAL BUILDING, L.L.C. SHERYL L RICKARD 606 N. 3RD ATTN: OFFICE SANDPOINT ID 83864-0877		SANDPOINT				
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Register				
4. Limited Liability Compa	nies: Enter Nar	mes and Addresses of	at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER MEMBER MEMBER MEMBER	DAN MEULENBERG DOUG CIPRIANO BONNER GENERAL HOSPITAL SCOTT DUNN		606 N THIRD 606 N THIRD 520 NORTH THIRD 606 N 3RD	SANDPOINT SANDPOINT SANDPOINT SANDPOINT	ID ID ID ID	USA USA USA	83864 83864 83864-0877 83864	
5. Organized Under the Laws of: 6. Annua		6. Annual Report mu	Annual Report must be signed.*					
ID W 34104		Signature: Sheryl Rickard			Date: 09/02/2016			
		Name (type or pri		Title: CEO				
Processed 09/02/2016	* Electronically provided signatures are accepted as original signatures.							