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| No. C 178077 | | Due no later than Apr 30, 2013 | | 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 1. Mailing Address: Correct in this box if needed. COMMUNITY HEALTH ASSOCIATION OF SPOKANE AARON WILSON 203 N. WASHINGTON #300 SPOKANE WA 99201 | | C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 USA | | |
| | | | | 3. <u>New</u> 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 |
| SECRETARY | CHAD DASHIELL | 203 N. WASHINGTON ST. #300 | SPOKANE | WA | USA | 99201 |
| DIRECTOR | SHARON STADELMAN | 203 N. WASHINGTON ST. #300 | SPOKANE | WA | USA | 99201 |
| DIRECTOR | RYAN BEAUDOIN | 422 W RIVERSIDE, SUITE 1100 | SPOKANE | WA | USA | 99201 |
| 5. Organized Under the Laws of: WA C 178077 | | 6. Annual Report must be signed.* Signature: Aaron Wilson Name (type or print): Aaron Wilson Date: 02/13/2013 Title: Chief Operating Officer | | | | |
| Processed 02/13/2013 | | * Electronically provided signatures are accepted as original signatures. | | | | |