

No. C 178077		Due no later than Apr 30, 2013 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. 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.							