No. C 90167		Due no later than Aug 31, 2017			2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			KARA L BESST 700 S MAIN ST MOSCOW ID 83843			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. PALOUSE REGIONAL HEALTH CORPORATION KARA L BESST 700 S MAIN ST						
NO FILING FEE IF RECEIVED BY DUE DATE		MOSCOW ID 83843 3. <u>N</u>		B. <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
PRESIDENT VICE PRESIDENT	KARA L BES GREG KIMBE		700 S. MAIN STREET 700 S. MAIN STREET		10SCOW 10SCOW	ID ID	USA USA	83843 83843
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Kara Besst			Date: 10/04/2017			
C 90167		Name (type or print): Kara Besst			Title: President			
Processed 10/04/2017 * Electronically provided signatures are accepted as original signatures.								