. <b>c</b> 109505	Annual Report Form 1999 2. Registered Agent and Office NOT A P.O. BOX  Due No Later Than November 30, WILLIAM MCCREIGHT . M. D.
COMPORATIONS: Enter Names and	1. Mailing Address - Please Correct. If Not Correct  BOUNDARY HEALTH NETWORK, INC 640 KANIKSU ST  WILLIAM MCCREIGHT, M.D.  BOUNDARY COMMUNITY HOSPITAL  HCR 61 BOX 61A  BONNERS FERRY ID 83805  Business Addresses of President, Secretary and Directors
Office held Name	Street or P.O. Address  McCreight, Mg 6640 Kaniksu Houners #1) 13805  Ferry
Signature of New Registered	Signature Date /20/55  Name (Typed on N. H. M. CL. Tack Title CED)