

No. C 146770		Due no later than Dec 31, 2015 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		1. Mailing Address: Correct in this box if needed. PORTNEUF HEALTH TRUST, INC. SHAUN MENCHACA 500 S 11TH AVE STE 503 POCATELLO ID 83201		SHAUN MENCHACA 500 S 11TH AVE STE 503 POCATELLO ID 83201			
NO FILING FEE IF RECEIVED BY DUE DATE				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	
DIRECTOR	SUSAN GIBBENS	9952 S. MARSH CREEK	MCCAMMON	ID	USA	83250	
PRESIDENT	SHAUN MENCHACA	500 SOUTH 11TH AVE. SUITE 503	POCATELLO	ID	USA	83201	
DIRECTOR	MARK BUCKALEW	PO BOX 1225	POCATELLO	ID	USA	83204	
DIRECTOR	STEVEN WEEG	442 SOUTH GARFIELD	POCATELLO	ID	USA	83204	
DIRECTOR	LESLIE CONNER	PO BOX 4227	POCATELLO	ID	USA	83205	
SECRETARY	TOM DIAL	533 APPALOOSA	POCATELLO	ID	USA	83201	
DIRECTOR	PHIL JOSLIN	2180 SATTERFIELD DR.	POCATELLO	ID	USA	83201	
DIRECTOR	MIKE CALLAGHAN	5062 JOHNNY CREEK RD	POCATELLO	ID	USA	83204	
5. Organized Under the Laws of: ID C 146770		6. Annual Report must be signed.* Signature: Suzanne Riley Name (type or print): Suzanne Riley					
		Date: 10/14/2015 Title: Operations Manager					
Processed 10/14/2015 * Electronically provided signatures are accepted as original signatures.							