

No. <b>W 811</b>		<b>Due no later than Jan 31, 2010</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  CLEARWATER MEDICAL CENTER, P.L.L.C. CELSO R CHAVEZ 1522 17TH ST LEWISTON ID 83501		CELSO R CHAVEZ 1522 17TH ST LEWISTON ID 83501			
				3. <u>New</u> Registered Agent Signature: *			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	CHRISTINE NORWOOD	1522 17TH STREET	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of:  <b>ID W 811</b>		6. Annual Report must be signed.* Signature: Celso Chavez Name (type or print): Celso Chavez Date: 01/26/2010 Title: Owner					
Processed 01/26/2010		* Electronically provided signatures are accepted as original signatures.					