

No. C 178077		Due no later than Apr 30, 2018 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			
						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	PAUL BARBER	203 N. WASHINGTON SUITE 300	SPOKANE	WA	USA	99201	
VICE PRESIDENT	HOLLIE WESTLY	203 N. WASHINGTON SUITE 300	SPOKANE	WA	USA	99201	
PRESIDENT	SHARON STADELMAN	203 N. WASHINGTON SUITE 300	SPOKANE	WA	USA	99201	
5. Organized Under the Laws of: WA C 178077		6. Annual Report must be signed.* Signature: Sheila Sprayberry Name (type or print): Sheila Sprayberry					
		Date: 03/29/2018 Title: Executive Assistant					
Processed 03/29/2018 * Electronically provided signatures are accepted as original signatures.							