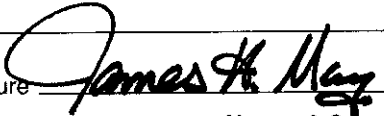


No. C 96903	Due no later than December 31, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX JO MOORE 301 CEDAR OROFINO, ID 83544		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable CLEARWATER VALLEY HOSPITAL FOUNDATI PO BOX 2169 OROFINO, ID 83544 2169		3. <u>New</u> Registered Agent Signature		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Executive Director	Jo Moore	432 Old Ahsonka Grade	Ahsonka	ID	83520
Secretary	Terry Hester	1010 Wells Branch Road	Orofino	ID	83544
President	Jim May	HCR 75 Box 32	Kootenai	ID	83539
Person Treasurer	Hinda Meacham	37052 Eberhardt	Peck	ID	83545
Vice Chair	Bob Mason	P.O. Box 407	Orofino	ID	83545
5. Organized Under the Laws of: IDAHO C 96903		6. Signature  Date 10-20-05 Name (Typed or Printed) James H. May Title Chairperson			

Issued 10/03/2005

Do Not Tape or Staple

200512005222