

No. C 107471		Due no later than Aug 31, 2014 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. NORTH IDAHO HEALTH NETWORK, INC. DON CHISHOLM 1250 IRONWOOD DR STE 201 COEUR D'ALENE ID 83814		DON CHISHOLM 1250 IRONWOOD DR STE 201 COEUR D'ALENE ID 83814		
				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	RICHARD BELL	914 W IRONWOOD DRIVE	COEUR D'ALENE	ID	USA	83814
PRESIDENT	DON CHISHOLM	920 W IRONWOOD DR	COEUR D'ALENE	ID	USA	83814
DIRECTOR	SCOT AULD	10000 SCHWEITZER MT. ROAD	SANDPOINT	ID	USA	83864
DIRECTOR	THOMAS LAWRENCE	1327 SUPERIOR ST.	SANDPOINT	ID	USA	83864
DIRECTOR	CHER JACOBSEN	185 W. 4TH AVENUE, SUITE B	POST FALLS	ID	USA	83854
DIRECTOR	BRAD BROSKY	8181 N CORNERSTONE DRIVE	HAYDEN	ID	USA	83835
5. Organized Under the Laws of: ID C 107471		6. Annual Report must be signed.* Signature: Kimberly Rahn Name (type or print): Kimberly Rahn Date: 08/13/2014 Title: Assistant Executive Director				
Processed 08/13/2014		* Electronically provided signatures are accepted as original signatures.				