

No. C 109505		Due no later than Feb 28, 2010		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. BOUNDARY HEALTH NETWORK, INC. CRAIG A JOHNSON BOUNDARY COMMUNITY HOSPITAL 6640 KANIKSU BONNERS FERRY ID 83805		CRAIG A JOHNSON BOUNDARY COMMUNITY HOSPITAL 6640 KANIKSU ST BONNERS FERRY ID 83805			
				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	CRAIG A JOHNSON	6640 KANIKSU STREET	BONNERS FERRY	ID	USA	83805-7532	
PRESIDENT	CHUCK NEWHOUSE	6641 KANIKSU STREET SUITE A	BONNERS FERRY	ID	USA	83805	
5. Organized Under the Laws of: ID C 109505		6. Annual Report must be signed.* Signature: Craig A Johnson Name (type or print): Craig A Johnson Date: 12/28/2009 Title: Secretary					
Processed 12/28/2009		* Electronically provided signatures are accepted as original signatures.					