

|  |                 |  |               |   |         |  |  |
|--|-----------------|--|---------------|---|---------|--|--|
| No. <b>C 109505</b>  |                 | <b>Due no later than Feb 28, 2010</b><br><b>Annual Report Form</b>   |               | 2. Registered Agent and Address ( <b>NO PO BOX</b> )  |         |  |  |
| Return to:<br><br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                 | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>BOUNDARY HEALTH NETWORK, INC.<br>CRAIG A JOHNSON<br>BOUNDARY COMMUNITY HOSPITAL<br>6640 KANIKSU<br>BONNERS FERRY ID 83805 |               | CRAIG A JOHNSON<br>BOUNDARY COMMUNITY HOSPITAL<br>6640 KANIKSU ST<br>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:<br><br><b>ID</b><br><b>C 109505</b>  |                 | 6. Annual Report must be signed.*<br><br>Signature: Craig A Johnson<br>Name (type or print): Craig A Johnson   |               |   |         |  |  |
|  |                 | Date: 12/28/2009<br>Title: Secretary   |               |   |         |  |  |
| Processed 12/28/2009   |                 | * Electronically provided signatures are accepted as original signatures.  |               |   |         |  |  |