

No. C 201938		Due no later than Apr 30, 2018		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. LOST RIVERS DISTRICT HOSPITAL, INC. BRAD D HUERTA PO BOX 145 ARCO ID 83213		LEEANN BETZER 551 HIGHLAND DR ARCO ID 83213		
				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
DIRECTOR	TONI SPENCER	2811 N 330 W	MOORE	ID	USA	83255
DIRECTOR	DAVID CALLISTER	1454 W 3700 N	HOWE	ID	USA	83244
DIRECTOR	HERALD JARDINE	630 N FRONT ST	ARCO	ID	USA	83213
DIRECTOR	BERT SECRIST	222 LOUISE DR	ARCO	ID	USA	83213
DIRECTOR	OTTO HIGBEE	PO BOX 133	MACKAY	ID	USA	83251
DIRECTOR	MAX BINGHAM	3861 N HWY 93	LESLIE	ID	USA	83255
DIRECTOR	LARRY LEWIS	2971 INTERSTATE AVE	ARCO	ID	USA	83213
5. Organized Under the Laws of: ID C 201938		6. Annual Report must be signed.* Signature: Brad Huerta Name (type or print): Brad Huerta Date: 04/24/2018 Title: CEO				
Processed 04/24/2018		* Electronically provided signatures are accepted as original signatures.				