

No. C 24456	Due no later than Jul 31, 2010 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.		SHERYL RICKARD 520 NORTH THIRD AVENUE SANDPOINT ID 83864			
	BONNER GENERAL HOSPITAL, INC. SHERYL RICKARD PO BOX 1448 SANDPOINT ID 83864		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	MICHAEL FEURER	1604 NORTHSORE DR	SANDPOINT	ID	USA	83864
DIRECTOR	EDIE HOLMES	1608 NORTHSORE DR	SANDPOINT	ID	USA	83864
DIRECTOR	FORD ELSAESSER	P O BOX 1049	SANDPOINT	ID	USA	83864
SECRETARY	THOMAS LAWRENCE, MD	1327 SUPERIOR	SANDPOINT	ID	USA	83864
DIRECTOR	JACK PARKER	509 S SECOND AVE	SANDPOINT	ID	USA	83864
DIRECTOR	HOWARD FAUX	931 SYRINGA HEIGHTS RD	SANDPOINT	ID	USA	83864
DIRECTOR	VERNA WHITE	P O BOX 394	SANDPOINT	ID	USA	83864
DIRECTOR	RICHARD NEHER, MD	502 N SECOND AVE	SANDPOINT	ID	USA	83864
DIRECTOR	SHERYL RICKARD	520 NORTH THIRD	SANDPOINT	ID	USA	83864
DIRECTOR	TIM COCHRAN	329 EUCLID	SANDPOINT	ID	USA	83864
5. Organized Under the Laws of: ID C 24456		6. Annual Report must be signed.* Signature: Sheryl Rickard Name (type or print): Sheryl Rickard			Date: 05/17/2010 Title: Ceo	
Processed 05/17/2010		* Electronically provided signatures are accepted as original signatures.				