

No. C 20243		Due no later than Mar 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		1. Mailing Address: Correct in this box if needed. GRITMAN MEDICAL CENTER, INC. KARA L BESST 700 S MAIN ST MOSCOW ID 83843		KARA L BESST 700 S MAIN ST MOSCOW ID 83843			
NO FILING FEE IF RECEIVED BY DUE DATE				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	RULA AWWAD-RAFFERTY	700 S MAIN STREET	MOSCOW	ID	USA	83843	
PRESIDENT	BJ SWANSON	700 S MAIN STREET	MOSCOW	ID	USA	83843	
DIRECTOR	WAYNE RUBY	700 S MAIN STREET	MOSCOW	ID	USA	83843	
DIRECTOR	GREG MANN	700 S. MAIN STREET	MOSCOW	ID	USA	83843	
DIRECTOR	DICK HEIMSCH	700 S MAIN STREET	MOSCOW	ID	USA	83843	
DIRECTOR	BARBARA WELLS	700 S. MAIN STREET	MOSCOW	ID	USA	83843	
DIRECTOR	CHARLES JACOBSON	700 S. MAIN STREET	MOSCOW	ID	USA	83843	
DIRECTOR	GREG KIMBERLING	700 S MAIN STREET	MOSCOW	ID	USA	83843	
SECRETARY	ROBIN WOODS	700 S. MAIN STREET	MOSCOW	ID	USA	83843	
VICE PRESIDENT	JANIE NIRK	700 S. MAIN STREET	MOSCOW	ID	USA	83843	
5. Organized Under the Laws of: ID C 20243		6. Annual Report must be signed.* Signature: Kara Besst Name (type or print): Kara Besst					
		Date: 03/31/2014 Title: Ceo					
Processed 03/31/2014 * Electronically provided signatures are accepted as original signatures.							