

No. C 196397		Due no later than Oct 31, 2015 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. MONTANA HEALTH COOPERATIVE JEANEEN L CAMPBELL PO BOX 5358 HELENA MT 59604		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713			
						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	
PRESIDENT	JERRY DWORAK	PO BOX 5358	HELENA	MT	USA	59604	
5. Organized Under the Laws of: MT C 196397		6. Annual Report must be signed.* Signature: Jeaneen L Campbell Name (type or print): Jeaneen L Campbell					
		Date: 11/09/2015 Title: CFO					
Processed 11/09/2015 * Electronically provided signatures are accepted as original signatures.							