No. C 25560 Return to:		Due no later than May 31, 2011 Annual Report Form		2. Registered Agent and Address (NO PO BOX) STEVEN A. MILLARD			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Ente	r Names and Busin	ess Addresses of Pres	ident, Secretary, and Directors. Treasurer (optional).			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
DIRECTOR	SHERYL RIC	KARD	BONNER GENERAL HOSPITAL	SANDPOINT	ID	USA	83864
DIRECTOR	CASEY MEZA	4	CLEARWATER VALLEY HOSPITAL	OROFINO	ID	USA	83544
DIRECTOR	DALLAS CLI	NGER	HARMS MEMORIAL HOSPITAL	AMERICAN FALLS	ID	USA	83211
DIRECTOR	NORM STEPHENS		PORTNEUF MEDICAL CENTER	POCATELLO	ID	USA	83201
DIRECTOR	SALLY JEFFCOAT		ST. ALPHONSUS REGIONAL MED CTR	BOISE	ID	USA	83706
DIRECTOR	DOUG CRABTREE		EASTERN IDAHO REGIONAL MED CTR	IDAHO FALLS	ID	USA	83403
PRESIDENT	STEVEN A MILLARD		IDAHO HOSPITAL ASSOCIATION	BOISE	ID	USA	83701
DIRECTOR	KATHY MOORE		WEST VALLEY MEDICAL CENTER	CALDWELL	ID	USA	83605
DIRECTOR	BRIAN NALL		BENEWAH COMMUNITY HOSPITAL	ST. MARIES	ID	USA	83861
DIRECTOR	TODD WINDER		ONEIDA COUNTY HOSPITAL	MALAD CITY	ID	USA	83252
DIRECTOR	DAVID ROWE		MADISON MEMORIAL HOSPITAL	REXBURG	ID	USA	83440
DIRECTOR	GARY FLETCHER		ST LUKE'S BOISE REG MED CTR	BOISE	ID	USA	83712
SECRETARY	WADE JOHNSON		WEISER MEMORIAL HOSPITAL	WEISER	ID	USA	83672
DIRECTOR	JOHN FULLMER		BINGHAM MEMORIAL HOSPITAL	BLACKFOOT	ID	USA	83221
DIRECTOR	MARGARET	SOULEN-HINSON	WEISER MEMORIAL HOSPITAL	WEISER	ID	USA	83672
DIRECTOR	B.J. SWANS	ON	GRITMAN MEDICAL CENTER	MOSCOW	ID	USA	83843
DIRECTOR	LOUIS KRAM	IL	BINGHAM MEMORIAL HOSPITAL	BLACKFOOT	ID	USA	83221
5. Organized Under t	the Laws of:	6. Annual Report mu	st he signed.*				
ID C 25560		Signature: Steven	Date: 05/10/2011				
		Name (type or print): Steven A. Millard		Title: President			
Processed 05/10/2011		* Electronically provided signatures are accepted as original signatures.					
Tocessed 05/10/201	1	Electronically provid	ieu signatures are accepted as original sign	atures.			