No. C 108599		Due no later than Dec 31, 2016		2	2. Registered Agent and Address (NO PO BOX)				
eturn to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. BONNER HEALTH NETWORK INC. SHERYL RICKARD 520 N 3RD SANDPOINT ID 83864			SHERYL RICKARD 520 N 3RD SANDPOINT ID 83864 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE									
4. Corporations: Enter Names a	ınd Busin	ess Addresses of P	resident, Secretary, and Directors. Trea	asurer (o	ptional).				
Office Held Nan	ne		Street or PO Address		City	State	Country	Postal Code	
	THOMAS LAWRENCE, MD SCOTT DUNN, MD		520 N 3RD AVE 520 N 3RD		SANDPOINT SANDPOINT	ID ID	USA USA	83864 83864	
SECRETARY SHE	SHERYL RICKARD		520 N 3RD AVE		SANDPOINT	ID	USA	83864	
5. Organized Under the Laws of:		6. Annual Report must be signed.*							
ID C 108599		Signature: Sheryl Rickard			Date: 11/22/2016				
		Name (type or print): Sheryl Rickard			Title: CEO				
Processed 11/22/2016		* Electronically provided signatures are accepted as original signatures.							