

No. <b>W 6620</b>		<b>Due no later than Jul 31, 2009</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  SOUTHWEST IDAHO COMMUNITY HEALTH NETWORK, LLC STEVEN DRAKE PO BOX 607 BOISE ID 83701		CHUCK POMEROY 190 E BANNOCK ST BOISE ID 83712			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	BETTY WATSON	607 W. MAIN STREET	GRANGEVILLE	ID	USA	83530	
MANAGER	ROD LARSEN	1120 MONTANA	GOODING	ID	USA	83330	
MANAGER	JOHN GROESBECK	PO BOX 409	TWIN FALLS	ID	USA	83301	
MANAGER	TOM MURPHY	645 EAST 5TH STREET	WEISER	ID	USA	83672	
MANAGER	LARRY DROPPERS	1202 E. LOCUST	EMMETT	ID	USA	83617	
MANAGER	PAUL VACHEK	351 SW 9TH STREET	ONTARIO	OR	USA	97914	
MANAGER	DOUG LEWIS	PO BOX 1100	BOISE	ID	USA	83701	
MANAGER	MATT GROENIG	1000 STATE STREET	MCCALL	ID	USA	83638	
MANAGER	CHUCK POMEROY	190 E. BANNOCK STREET	BOISE	ID	USA	83712	
MANAGER	CARL HOLLINGSWORTH	PO BOX 100	KETCHUM	ID	USA	83340	
MANAGER	TRICIA SENGER	PO BOX 1270	MOUNTAIN HOME	ID	USA	83647	
MANAGER	BILL BEHNKE	PO BOX 1330	CASCADE	ID	USA	83611	
5. Organized Under the Laws of:  <b>ID</b> <b>W 6620</b>		6. Annual Report must be signed.*  Signature: Chuck Pomeroy Name (type or print): Chuck Pomeroy					
		Date: 07/30/2009 Title: Manager					
Processed 07/30/2009 * Electronically provided signatures are accepted as original signatures.							