

No. W 6620		Due no later than Jul 31, 2009		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. SOUTHWEST IDAHO COMMUNITY HEALTH NETWORK, LLC STEVEN DRAKE PO BOX 607 BOISE ID 83701		CHUCK POMEROY 190 E BANNOCK ST BOISE ID 83712		
				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 SENER	PO BOX 1270	MOUNTAIN HOME	ID	USA	83647
MANAGER	BILL BEHNKE	PO BOX 1330	CASCADE	ID	USA	83611
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID W 6620		Signature: Chuck Pomeroy			Date: 07/30/2009	
		Name (type or print): Chuck Pomeroy			Title: Manager	
Processed 07/30/2009		* Electronically provided signatures are accepted as original signatures.				