No C 90322		Due no later than September 30, 2008		2. Registered Agent and Office NO PO BO		
NO. Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET 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 applicable - BENEWAH HEALTH SERVICES CORPORATION BENEWAH COMMUNITY HOSPITAL 229 7TH ST ST. MARIES, ID 83861 nes and Business Addresses of President, Secretar		Registered Agent and Office NO PO BOY COLLEEN SMITH 88 GARDEN TRACTS RD ST. MARIES, ID 83861 New Registered Agent Signature		
 Corpor Office held 		Street or P.O. Address	President, Secretai	ry and Directors. <u>State</u>	<u>Zip</u>	
President Secretary Directors	John Thomson Colleen Smit	p. DDS 307 S. 8th Street 229 S. 7th Street P O Box 146 229 S. 7th Street	St. Mari St. Mari St. Mari	es Idaho es Idaho es Idaho es Idaho	83861 83861 83861 83861 83861	
5. Organized Under the Laws of: IDAHO C 90322 Issued 07/01/2008		6. Signature	1000000000000000000000000000000000000		Date 7/14/2008	
		Name Privated or Coll	een Smith	Title Secre	etary 9000858	

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