

No. C121493 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than Nov 30, 2014 Annual Report Form 1. Mailing Address: Correct in this box if needed. CLEARWATER VALLEY HOSPITAL AND CLINICS, INC. TAMMY LAMIRANDE 502 EAST 2ND STREET DULUTH MN 55805 USA	2. Registered Agent and Address (NO PO BOX) C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 3. <u>New</u> Registered Agent Signature:*				
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	JACK SECREST, MD CMO	701 LEWISTON ST	COTTONWOOD	ID	USA	83522
DIRECTOR	KELLY MCGRATH, MD CMO	301 CEDAR STREET	OROFINO	ID	USA	83544
SECRETARY	LEE PIPPENGER	PO BOX 463	OROFINO	ID	USA	83544
DIRECTOR	SISTER MARJORIE SCHMIDT	702 5TH AVENUE	LEWISTON	ID	USA	83501
DIRECTOR	LARRY COONTS	PO BOX 1147	OROFINO	ID	USA	83544
DIRECTOR	MAURICE MASAR, MD	PO BOX 1330	OROFINO	ID	USA	83544
DIRECTOR	GARY REHDER	PO BOX 526	COTTONWOOD	ID	USA	83522
PRESIDENT	DAN DAVIS	717 N. DUNDEE DR	POST FALLS	ID	USA	83854
DIRECTOR	LENNY HILL	PO BOX 399	NEZPERCE	ID	USA	83543
DIRECTOR	LONNIE SIMPSON	8427 CAVEDISH RD	OROFINO	ID	USA	83544
DIRECTOR	SISTER MARY ROCHEFORT	1001 KENWOOD AVENUE	DULUTH	MN	USA	55811
DIRECTOR	PAUL NUSSER	PO BOX 4	WEIPPE	ID	USA	83553
5. Organized Under the Laws of: ID C121493		6. Annual Report must be signed.* Signature: Tammy Lamirande Name (type or print): Tammy Lamirande Date: 09/26/2014 Title: Senior Paralegal				
Processed 09/26/2014		* Electronically provided signatures are accepted as original signatures.				