No. C 149400		personal company of the personal contract of t		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. IDAHO RURAL HEALTH ASSOCIATION, INC. KIRSTI BECK IDAHO STATE UNIVERSITY 921 S 8TH AVE, STOP 8174 POCATELLO ID 83209-8174 USA		KENNY CUTLER 1001 S 8TH AVE BUILDING 15 POCATELLO ID 83209-8174 3. New Registered Agent Signature:*			
4. Corporations: Enter Na	ames and Busin	ess Addresses of Preside	ent, Secretary, and Directors. Treasurer (optional).			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
DIRECTOR DIRECTOR	DEANNA MOLINARI TED EPPERLY		921 S 8TH AVE STOP 8174 777 N RAYMOND ST BOISE	POCATELLO BOISE	ID ID	USA USA	83209 83704-8174
DIRECTOR	JOE CLADOUHOS		SYRINGA HOSPITAL 607 WEST MAIN	GRANGEVILLE	ID	USA	83530
DIRECTOR	KEITH DAVIS		PO BOX 609	SHOSHONE	ID	USA	83332
DIRECTOR	FELICE LAMPERT		BENEWAH COMM HOSPITAL 229 S. 7T ST	TH ST. MARIES	ID	USA	83861
PRESIDENT	DAVE SCHMITZ		FMY MEDICINE RESIDENCY OF BOIS 777 N RAYMOND ST	BOISE	ID	USA	83704-8174
TREASURER	ED BAKER		1910 UNIVERSITY DRIVE	BOISE	ID	USA	83725
DIRECTOR	ROBERT CUOIO		850 E. YOUNG STREET	POCATELLO	ID	USA	83201
SECRETARY	ANNETTE PHILLIPP		ISU-IRH 1311 E. CENTRAL DRIVE	MERIDIAN	ID	USA	83642
5. Organized Under the Laws of: 6. Annual Report mus		6. Annual Report must	be signed.*				
ID		Signature: Kirsti Beck Date: 06/07/2011					
C 149400		Name (type or print): Kirsti Beck Title: Admin Asst II					
Processed 06/07/2011		* Electronically provided signatures are accepted as original signatures.					