

No. <b>C 90167</b>		<b>Due no later than Aug 31, 2014</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  PALOUSE REGIONAL HEALTH CORPORATION KARA L BESST 700 S MAIN ST MOSCOW ID 83843		KARA L BESST 700 S MAIN ST MOSCOW ID 83843			
						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	KARA L BESST	700 S. MAIN STREET	MOSCOW	ID	USA	83843	
VICE PRESIDENT	B J SWANSON	700 S. MAIN STREET	MOSCOW	ID	USA	83843	
5. Organized Under the Laws of:  <b>ID</b> <b>C 90167</b>		6. Annual Report must be signed.*  Signature: Kara Besst Name (type or print): Kara Besst					
		Date: 08/28/2014 Title: President					
Processed 08/28/2014		* Electronically provided signatures are accepted as original signatures.					