

No. W 39532		Due no later than May 31, 2006		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 INTEGRATED HEALTHCARE NETWORK, LLC LINDA HOUSE PO BOX 1576 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	
MEMBER	IDAHO COMMUNITY HEALTH NETWORK	190 E BANNOCK ST	BOISE	ID		83712	
MEMBER	IDAHO INTEGRATED IPA, LLC	190 E. BANNOCK STREET	BOISE	ID	USA	83712	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
IDAHO W 39532		Signature: Chuck Pomeroy		Date: 04/25/2006			
		Name (type or print): Chuck Pomeroy		Title: Registerd Agent			
Processed 04/25/2006		* Electronically provided signatures are accepted as original signatures.					