

No. C 174475		Due no later than Aug 31, 2010		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 REGIONAL OPTICAL NETWORK, INC. STACEY CARSON IDAHO HOSPITAL ASSOCIATION P. O. BOX 1278 BOISE ID 83702		GREGORY L CROCKETT 428 PARK AVE IDAHO FALLS ID 83405		
				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
DIRECTOR	BRENT STACEY	INL P. O. BOX 1625	IDAHO FALLS	ID	USA	83415-3790
SECRETARY	STACEY CARSON	IHA P. O. BOX 1278	BOISE	ID	USA	83702-3790
TREASURER	SPALDING JUGGANAIKLOO	BYUI 170 KIMBALL	REXBURG	ID	USA	83460-1635
DIRECTOR	DAVID O'NEILL	P. O. BOX 8811	BOISE	ID	USA	83707
PRESIDENT	MICHAEL GWARTNEY	STATE OF IDAHO DEPT. OF ADMIN. P. O. BOX 83720	BOISE	ID	USA	83720-1415
5. Organized Under the Laws of: ID C 174475		6. Annual Report must be signed.* Signature: Gregory L. Crockett Name (type or print): Gregory L. Crockett Date: 06/22/2010 Title: Registered Agent				
Processed 06/22/2010		* Electronically provided signatures are accepted as original signatures.				