No. C 206274		Due no later than Jun 30, 2017		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		TARA MCMULLIN				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. BEAR LAKE COMMUNITY HEALTH CENTER, INC. FINANCE DEPT 1047 S 100 W STE 270 LOGAN UT 84321		170 W 400 S ST CHARLES ID 83272 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Nam	nes and Busine	ess Addresses of Pre	esident, Secretary, and Directors. Ti	reasurer (optional).			
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
DIRECTOR LAVAL B JENSEN		NSEN	1047 S 100 W		LOGAN	UT		84321
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
υτ		Signature: Becky Lowe		Date: 05/10/2017				
C 206274		Name (type or print): Becky Lowe		Title: Finance Director				
Processed 05/10/2017 * Electronically provided signatures are accepted as original signatures.								