

No. C 185192	Due no later than Nov 30, 2010 Annual Report Form		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	1. Mailing Address: Correct in this box if needed.		MAX LONG 1202 E LOCUST ST EMMETT ID 83617			
	WALTER KNOX COMMUNITY HOSPITAL, INC. MAX LONG 1202 E LOCUST ST EMMETT ID 83617		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	DAVE SHAW	1202 E LOCUST ST	EMMETT	ID	USA	83617
DIRECTOR	CARLOS BILBAO	1202 E LOCUST ST	EMMETT	ID	USA	83617
DIRECTOR	STEVE SALS KOV	1202 E LOCUST ST	EMMETT	ID	USA	83617
DIRECTOR	JAY JENSEN	1202 E LOCUST ST	EMMETT	ID	USA	83617
DIRECTOR	ROGER BEAL	1202 E LOCUST ST	EMMETT	ID	USA	83617
DIRECTOR	LAN SMITH	1202 E LOCUST ST	EMMETT	ID	USA	83617
DIRECTOR	EARL DEFUR	1202 E LOCUST ST	EMMETT	ID	USA	83617
DIRECTOR	STAN STURTZ	1202 E LOCUST ST	EMMETT	ID	USA	83617
DIRECTOR	JUDY BARBERA	1202 E LOCUST ST	EMMETT	ID	USA	83617
5. Organized Under the Laws of: ID C 185192	6. Annual Report must be signed.* Signature: Max Long Name (type or print): Max Long		Date: 09/08/2010 Title: Ceo			
Processed 09/08/2010		* Electronically provided signatures are accepted as original signatures.				