No. C 116370		Due no later than Sep 30, 2013		2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. INTERMOUNTAIN HEALTH CARE, INC. MORRIS D LINTON 36 S STATE ST STE 2200 SALT LAKE CITY UT 84111		12550 W EXPLO BOISE ID 837 USA	PRENTICE-HALL CORPORATION SYST 12550 W EXPLORER DR STE 100 BOISE ID 83713			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine		USA	ont Socratary and Directors Transcure	or (optional)	ontional)			
Office Held Name		Street or PO Address	City	State	Country	Postal Code		
PRESIDENT VICE PRESIDENT		. SORENSON, JR. M.D. ZIMMERLI	36 S. STATE ST., STE.2200 36 S. STATE ST., STE.2200	SALT LAKE CITY SALT LAKE CITY	UT	USA USA	84111 84111	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ИТ С 116370		Signature: Charles W. Sorenson Jr. M.d. Name (type or print): Charles W. Sorenson Jr. M.d.			Date: 09/18/2013 Title: Authed Signer			
Processed 09/18/2013 * Electronically provided signatures are accepted as original signatures.								