No. C 90167		Due no later than Aug 31, 2005	2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form JEFFREY W MARTIN					
SECRETARY OF STATE	1. Mai	1. Mailing Address: Correct in this box if needed. PALOUSE REGIONAL HEALTH CORPORATION JEFFREY W MARTIN 700 S MAIN ST MOSCOW ID 83843 0000		700 S MAIN ST MOSCOW ID 83843 0000			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	JEFFREY						
	MOSCO			3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Names and	Business Address	ses of President, Secretary, and Directors. Treasure	er (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT B J S	VANSON	600 S. JACKSON	MOSCOW	ID	USA	83843	
DIRECTOR BOB B	EUTLER	1217 KIRK DRIVE	MOSCOW	ID	USA	83843	
SECRETARY JANIE	NIRK	1010 S. BRINCKEN	POTLATCH	ID	USA	83855	
DIRECTOR ROBIN	WOODS	615 MOORE STREET	MOSCOW	ID	USA	83843	
5. Organized Under the Laws of: 6. Annual		Report must be signed.*					
IDA HO	Signatu	Signature: Gayle Anderson		Date: 09/08/2005			
C 90167	Name (1	Name (type or print): Gayle Anderson		Title: Admin Secretary			
Processed 09/08/2005	* Electronically provided signatures are accepted as original signatures.						