

No. <b>C 121311</b>		<b>Due no later than Oct 31, 2011</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  SHOSHONE COMMUNITY HEALTH CLINIC, INC. BECKY J STEIN PO BOX 101 OSBURN ID 83849-0101 USA		BECKY STEIN 67A NUCHOLS GULCH RD OSBURN ID 83849-0848		
				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
PRESIDENT	CARLETTA NEUBAUER	PO BOX 944	OSBURN	ID	USA	83849-0944
DIRECTOR	CAREY SCHRAM	PO BOX 481	OSBURN	ID	USA	83849
DIRECTOR	TAMMY JOHNSEN	17 KLEETE RD.	KINGSTON	ID	USA	83839
DIRECTOR	BEV DANIELSON	116 W. ELDER AVE.	KELLOGG	ID	USA	83837
DIRECTOR	KRISTI GNAEDINGER	106 KING ST.	WALLACE	ID	USA	83873
TREASURER	SHARON HEWITT	PO BOX 743	PINEHURST	ID	USA	83850
DIRECTOR	TERRY PEDERSON	PO BOX 484	OSBURN	ID	USA	83849
DIRECTOR	DIANE HANSEN	PO BOX 684	KELLOGG	ID	USA	83837
DIRECTOR	JUDY ROUNDS	700 BANK ST., STE. #110	WALLACE	ID	USA	83873
DIRECTOR	JIM MILLER, JR.	506 W. MULLAN AVE.	KELLOGG	ID	USA	83837
DIRECTOR	LINDA FISCHER	PO BOX 428	KINGSTON	ID	USA	83839
SECRETARY	KATHIE VANG	PO BOX 84	SILVERTON	ID	USA	83867-0944
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
<b>ID</b> <b>C 121311</b>		Signature: Becky Stein		Date: 11/14/2011		
		Name (type or print): Becky Stein		Title: Advisor		
Processed 11/14/2011		* Electronically provided signatures are accepted as original signatures.				