

No. W 6620		Due no later than Jul 31, 2013 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		1. Mailing Address: Correct in this box if needed. SOUTHWEST IDAHO COMMUNITY HEALTH NETWORK, LLC STEPHEN STODDARD PO BOX 607 BOISE ID 83701		STEPHEN STODDARD 190 E BANNOCK ST BOISE ID 83712			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	MARY LOU TATE	1202 EAST LOCUST STREET	EMMETT	ID	USA	83617	
MEMBER	BETTY WATSON	607 W. MAIN STREET	GRANGEVILLE	ID	USA	83530	
MEMBER	TRICIA SENGER	PO BOX 1270	MOUNTAIN HOME	ID	USA	83647	
MANAGER	VIRGIL BOSS	PO BOX 1330	CASCADE	ID	USA	83611	
MANAGER	STEPHEN STODDARD	PO BOX 607	BOISE	ID	USA	83701	
MEMBER	NATHAN COBURN	645 E FIFTH STREET	WEISER	ID	USA	83672	
MANAGER	DEVAN JOHNSON	190 E BANNOCK ST	BOISE	ID	USA	83712	
MEMBER	PETE DIDIO	190 E BANNOCK ST	BOISE	ID	USA	83712	
MANAGER	TIM POWERS	267 NORTH CANYON DRIVE	GOODING	ID	USA	83330	
5. Organized Under the Laws of: ID W 6620		6. Annual Report must be signed.* Signature: Stephen Stoddard Name (type or print): Stephen Stoddard					
		Date: 07/11/2013 Title: Executive Director					
Processed 07/11/2013 * Electronically provided signatures are accepted as original signatures.							