No. <b>C 143212</b>		Due no later than Mar 31, 2016	2. Registered Agent and Address (NO PO BOX)  VICTORIA MCCLELLAN 30410 HWY 200  PONDERAY ID 83852  3. New Registered Agent Signature:*			
Return to:		Annual Report Form				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  BOUNDARY REGIONAL COMMUNITY HEALTH CENTER, INC. VICTORIA KING PO BOX 2160 SANDPOINT ID 83864				
NO FILING FEE IF RECEIVED BY DUE DATE						
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	RAY MILLER	PO BOX 2160	SANDPOINT	ID	USA	83864
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID		Signature: Victoria McClellan	Date: 04/18/2016			
C 143212		Name (type or print): Victoria McClellan	Title: CEO			
Processed 04/18/2016 * Electronically provided signatures are accepted as original signatures.						