

No. C 143212		Due no later than Mar 31, 2012 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 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. BOUNDARY REGIONAL COMMUNITY HEALTH CENTER, INC. VICTORIA KING PO BOX 2160 SANDPOINT ID 83864 USA		VICTORIA MCCLELLAN 1327 SUPERIOR ST. SANDPOINT ID 83864			
						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	RAY MILLER	PO BOX Q	BONNERS FERRY	ID	USA	83805	
5. Organized Under the Laws of: ID C 143212		6. Annual Report must be signed.* Signature: Victoria King Name (type or print): Victoria King Date: 05/01/2012 Title: Ceo					
Processed 05/01/2012 * Electronically provided signatures are accepted as original signatures.							