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| No. C 121493 | | Due no later than Nov 30, 2016 | | 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 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. CLEARWATER VALLEY HOSPITAL AND CLINICS, INC. TAMMY LAMIRANDE 502 EAST 2ND STREET DULUTH MN 55805 | | C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 | | |
| | | | | 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 |
| DIRECTOR | KIM INGRAM | PO BOX 84 | FERDINAND | ID | USA | 83526 |
| DIRECTOR | RENE FORSMAN | 655 RESERVATION LINE | COTTONWOOD | ID | USA | 83522 |
| DIRECTOR | SISTER DANILE LYNCH | 1001 KENWOOD AVENUE | DULUTH | MN | USA | 55811 |
| TREASURER | ROBERT NORMAN | 502 E 2ND STREET | DULUTH | MN | USA | 55805 |
| PRESIDENT | JACK SECREST, MD CMO | 701 LEWISTON ST | COTTONWOOD | ID | USA | 83522 |
| DIRECTOR | KELLY MCGRATH, MD CMO | 301 CEDAR STREET | OROFINO | ID | USA | 83544 |
| SECRETARY | LEE PIPPENGER | PO BOX 463 | OROFINO | ID | USA | 83544 |
| DIRECTOR | SISTER MARJORIE SCHMIDT | 702 5TH AVENUE | LEWISTON | ID | USA | 83501 |
| DIRECTOR | LARRY COONTS | PO BOX 1147 | OROFINO | ID | USA | 83544 |
| DIRECTOR | MAURICE MASAR, MD | PO BOX 1330 | OROFINO | ID | USA | 83544 |
| DIRECTOR | LENNY HILL | PO BOX 399 | NEZPERCE | ID | USA | 83543 |
| DIRECTOR | LONNIE SIMPSON | 8427 CAVEDISH RD | OROFINO | ID | USA | 83544 |
| DIRECTOR | PAUL NUSSER | PO BOX 4 | WEIPPE | ID | USA | 83553 |
| 5. Organized Under the Laws of: ID C 121493 | | 6. Annual Report must be signed.* Signature: Robert Norman Name (type or print): Robert Norman Date: 09/29/2016 Title: Treasurer | | | | |
| Processed 09/29/2016 | | * Electronically provided signatures are accepted as original signatures. | | | | |