No. C 113807		Due no later than Feb 28, 2010		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		FREDERICK	HALLER			
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. MOUNTAIN HEALTH SERVICES, P.C. PAULA L OLSON 740 MCKINLEY AVE KELLOGG ID 83837 USA		KELLOGG ID	740 MCKINLEY AVE KELLOGG ID 83837 3. New Registered Agent Signature:*			
				3. <u>New</u> Register				
4. Corporations: Enter Na	ames and Busin	ess Addresses of Pr	esident, Secretary, and Directors. Treas	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	KATIE D JARSTAD		740 MCKINLEY AVENUE	KELLOGG	ID	USA	83837	
DIRECTOR	TERRY L SPOHR		740 MCKINLEY AVENUE	KELLOGG	ID	USA	83837	
DIRECTOR	FREDERICK R HALLER		740 MCKINLEY AVENUE	KELLOGG	ID	USA	83837	
DIRECTOR	SCOTT GIBBS		740 MCKINLEY AVENUE	KELLOGG	ID	USA	83837	
DIRECTOR	SCOTT A REED		740 MCKINLEY AVENUE	KELLOGG	ID	USA	83837	
TREASURER	TERRY L SPOHR		740 MCKINLEY AVENUE	KELLOGG	ID	USA	83837	
SECRETARY	FREDERICK R HALLER		740 MCKINLEY AVENUE	KELLOGG	ID	USA	83837	
PRESIDENT	SCOTT A R	EED	740 MCKINLEY AVENUE	KELLOGG	ID	USA	83837	
5. Organized Under the Laws of: 6		6. Annual Report must be signed.*						
ID C 113807		Signature: Fred		Date: 12/28/2009				
		Name (type or p		Title: Secretary				
Processed 12/28/2009		* Electronically pro	vided signatures are accepted as origina	al signatures.				