No. **W 39532**	**Due no later than May 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.** IDAHO INTEGRATED HEALTHCARE NETWORK, LLC JANICE FULKERSON PO BOX 9778 BOISE ID 83707 USA	STEVEN W DRAKE 1500 SHORELINE DRIVE BOISE ID 83707 3. New 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	ICHN, LLC	190 E BANNOCK ST	BOISE	ID	USA	83712
MEMBER	IDAHO INTEGRATED IPA, LLC	190 E. BANNOCK STREET	BOISE	ID	USA	83712

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 39532**	Signature: Janice Fulkerson	Date: 05/07/2012
	Name (type or print): Janice Fulkerson	Title: Executive Director

Processed 05/07/2012

* Electronically provided signatures are accepted as original signatures.