| No. C 43384 | | Due no later than Feb 29, 2012 | | 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. WESTERN HOSPITALS IMPROVEMENT PROGRAM, INC. STEVEN A. MILLARD PO BOX 1278 BOISE ID 83701-1278 USA | | STEVEN A. MILLARD 615 N 7TH ST BOISE ID 83702 3. New Registered Agent Signature:* | | | |
| 4. Corporations: Enter N | Names and Busin | ess Addresses of Pres | ident, Secretary, and Directors. Treasurer | (optional). | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code |
| DIRECTOR | GREG MAUR | ER | ELMORE MEDICAL CENTER | MOUNTAIN HOME | ID | USA | 83647 |
| DIRECTOR | SHERYL RICKARD | | BONNER GENERAL HOSPITAL | SANDPOINT | ID | USA | 83864 |
| DIRECTOR | B.J. SWANSON | | GRITMAN MEDICAL CENTER | MOSCOW | ID | USA | 83843 |
| DIRECTOR | MARGARET SOULEN-HINSON | | WEISER MEMORIAL HOSPITAL | WEISER | ID | USA | 83672 |
| DIRECTOR | JOHN FULLMER | | BINGHAM MEMORIAL HOSPITAL | BLACKFOOT | ID | USA | 83221 |
| DIRECTOR | MIKE FENELLO | | ST LUKE'S MCCALL | MCCALL | ID | USA | 83638 |
| DIRECTOR | GARY FLETCHER | | ST LUKE'S BOISE REG. MED. CTR. | BOISE | ID | USA | 83712 |
| DIRECTOR | CASEY MEZA | | CLEARWATER VALLEY HOSPITAL | OROFINO | ID | USA | 83544 |
| DIRECTOR | DOUG CRABTREE | | EASTERN IDAHO RMC | IDAHO FALLS | ID | USA | 83403 |
| DIRECTOR | TODD WINDER | | ONEIDA COUNTY HOSPITAL | MALAD CITY | ID | USA | 83252 |
| DIRECTOR | BRIAN NALL | | BENEWAH COMMUNITY HOSPITAL | ST. MARIES | ID | USA | 83861 |
| DIRECTOR | DALLAS CLINGER | | HARMS MEMORIAL HOSPITAL | AMERICAN FALLS | ID | USA | 83211 |
| SECRETARY | SALLY JEFFCOAT | | ST ALPHONSUS REG. MED. CTR. | BOISE | ID | USA | 83706 |
| DIRECTOR | JOE CAROSELLI | | ELKS REHABILITAION HOSPITAL | BOISE | ID | USA | 83702 |
| DIRECTOR | NORM STEPHENS | | PORTNEUF MEDICAL CENTER | POCATELLO | ID | USA | 83201 |
| PRESIDENT | STEVEN A I | MILLARD | IDAHO HOSPITAL ASSOCIATION | BOISE | ID | USA | 83701 |
| 5. Organized Under the Laws of: 6. Annual Repo | | 6. Annual Report mu | st be signed.* | | | | |
| ID C 43384 | | Signature: Steven A. Millard | | | Date: 02/21/2012 | | |
| | | Name (type or pri | | Title: President | | | |
| Processed 02/21/2012 | | * Electronically provide | ded signatures are accepted as original sig | natures. | | | |