No. C 150096		Due no later than Jul 31, 2016		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		NORMA HARTLEY			
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. GREAT RIFT RURAL HEALTH NETWORK, INC. 500 S 11TH AVE SUITE 400 POCATELLO ID 83201		500 S 11TH AVE STE 400 POCATELLO ID 83201			
				3. <u>New</u> Registered	Agent S	ignature:*	
4. Corporations: Enter Na	ames and Busin	ess Addresses of Presi	dent, Secretary, and Directors. Treasurer	(optional).			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
TREASURER SECRETARY VICE PRESIDENT PRESIDENT	MINDY STOSICH-BENEDETTI MINDY STOSICH-BENEDETTI DENNIS CARLSON DALLAS CLINGER		500 SOUTH 11TH AVE SUITE 400 500 SOUTH 11TH AVE SUITE 400 777 HOSPITAL WAY 510 ROOSEVELT STREET	POCATELLO POCATELLO POCATELLO AMERICAN FALLS	ID ID ID	USA USA USA USA	83201 83201 83201 83211
5. Organized Under the Laws of: ID C 150096		6. Annual Report must be signed.* Signature: Norma Hartley Name (type or print): Norma Hartley Title: Registe					
rocessed 05/24/2016 * Electronically provided signatures are accepted as original signatures.							