

No. <b>C 182496</b>	<b>Due no later than Mar 31, 2011</b> <b>Annual Report Form</b>	2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> TRI-STATE MEMORIAL HOSPITAL DONALD J WEE 1221 HIGHLAND AVE CLARKSTON WA 99403	GARRY JONES 1304 IDAHO ST LEWISTON ID 83501	
		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
PRESIDENT	SCOTT ARNONE	1455 G STREET, SUITE 101	LEWISTON ID USA 83501
SECRETARY	K DAVID HAGEN	PO BOX 997	LEWISTON ID USA 83501-0997
5. Organized Under the Laws of:  <b>WA C 182496</b>	6. Annual Report must be signed.* Signature: Donald J Wee Name (type or print): Donald J Wee		Date: 04/11/2011 Title: Ceo
Processed 04/11/2011		* Electronically provided signatures are accepted as original signatures.	