

No. C 203869		Due no later than Oct 31, 2017		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. CHALLIS AREA HEALTH CENTER, INCORPORATED PO BOX 980 CHALLIS ID 83226		SHARLENE MILLER 611 CLINIC RD CHALLIS ID 83226		
				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
SECRETARY	CORINNE JONES	25491 HWY 93	CHALLIS	ID	USA	83226
PRESIDENT	KATHY PIVA	PO BOX 1219	CHALLIS	ID		83226
VICE PRESIDENT	ROBERT BOREN	HC 67 BOX 742	CLAYTON	ID		83227
5. Organized Under the Laws of: ID C 203869		6. Annual Report must be signed.* Signature: Sharlene H Miller Name (type or print): Sharlene H Miller Date: 08/24/2017 Title: CFO				
Processed 08/24/2017		* Electronically provided signatures are accepted as original signatures.				