No. **C 132641**	**Due no later than Feb 28, 2010**	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.** HOSPITAL COOPERATIVE, INC. (THE) JON F SMITH 651 MEMORIAL DR POCATELLO ID 83201	JON SMITH 651 MEMORIAL DR- EAST CAMPUS POCATELLO ID 83201 3. New 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
DIRECTOR	MITCH FELCHLE	120 EAST HOWARD AVENUE	DRIGGS	ID	USA	83422
DIRECTOR	VICTORIA ALEXANDER-LANE	203 SOUTH DAISY	SALMON	ID	USA	83467
TREASURER	J. STEVE PERRY	901 ADAMS STREET	AFTON	WY	USA	83110
DIRECTOR	ALAN STEVENSON	709 NORTH LINCOLN AVENUE	JEROME	ID	USA	83338
DIRECTOR	NORMAN STEPHENS	651 MEMORIAL DRIVE	POCATELLO	ID	USA	83201
DIRECTOR	DAVID ROWE	450 EAST MAIN STREET	REXBURG	ID	USA	83440
DIRECTOR	KIM DAHLMAN	551 HIGHLAND DRIVE	ARCO	ID	USA	83213
DIRECTOR	DALLAS CLINGER	510 ROOSEVELT STREET	AMERICAN FALLS	ID	USA	83211
SECRETARY	JEFF DANIELS	98 POPLAR STREET	BLACKFOOT	ID	USA	83221
DIRECTOR	RODNEY D JACOBSEN	164 S 5TH	MONTPELIER	ID	USA	83254
PRESIDENT	JOHN HOOPES	300 S 3RD W	SODA SPRINGS	ID	USA	83276
DIRECTOR	MICHAEL G ANDRUS	44 N FIRST ST	PRESTON	ID	USA	83263
DIRECTOR	CARL HANSON	1224 8TH ST	RUPERT	ID	USA	83350
DIRECTOR	TODD V WINDER	150 N 200 W	MALAD	ID	USA	83252

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 132641**	Signature: Jon Smith	Date: 01/04/2010
	Name (type or print): Jon Smith	Title: Executive Director

Processed 01/04/2010

* Electronically provided signatures are accepted as original signatures.