No. C 107472	Due no later than Aug 31, 2008	2. Registered Age	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form	TIM QUINN	TIM QUINN 700 IRONWOOD DR STE 310 COEUR D'ALENE ID 83814 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. KOOTENAI HEALTH NETWORK, INC. TIM QUINN 700 IRONWOOD DR STE 210 COEUR D'ALENE ID 83814	COEUR D'ALENE				
NO FILING FEE IF RECEIVED BY DUE DATE						
4. Corporations: Enter Names and Busin	less Addresses of President, Secretary, and Directors. Treasure	er (optional).				
Office Held Name	Street or PO Address	City	State	Country	Postal Code	
SECRETARY DAVID YOR DIRECTOR JOSEPH E N TREASURER TOM LEGEL	MORRIS 2003 LINCOLN WAY	Coeur d'Alene Coeur d'Alene Coeur d'Alene	ID ID ID	USA USA USA	83814 83814 83814	
5. Organized Under the Laws of:	6. Annual Report must be signed.*					
ID	Signature: Paula McMaster	Date: 06/17/2008				
C 107472	Name (type or print): Paula McMaster	Title:	Title: Business Director			
Processed 06/17/2008	* Electronically provided signatures are accepted as original signatures.					