

No. C 120010		Due no later than Jun 30, 2006		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. IDAHO COMMUNITY HEALTH NETWORK, INC. CHUCK POMEROY 190 EAST BANNOCK ST BOISE ID 83712		CHUCK POMEROY 190 EAST BANNOCK ST BOISE ID 83712		
				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	TOM LEGEL	2003 LINCOLN WAY	COEUR D'ALENE	ID	USA	83814
SECRETARY	JOHN WILKER	651 MEMORIAL DRIVE	POCATELLO	ID	USA	83201
DIRECTOR	PAT HERMANSON	651 MEMORIAL DRIVE	POCATELLO	ID	USA	83201
DIRECTOR	JOE MORRIS	2003 LINCOLN WAY	COEUR D'ALENE	ID	USA	83814
DIRECTOR	JOHN KEE	PO BOX 409	TWIN FALLS	ID	USA	83303
DIRECTOR	JOHN GROESBECK	PO BOX 409	TWIN FALLS	ID	USA	83303
DIRECTOR	CHUCK POMEROY	190 E. BANNOCK STREET	BOISE	ID	USA	83712
DIRECTOR	ED DAHLBERG	190 E. BANNOCK STREET	BOISE	ID	USA	83712
DIRECTOR	CARMEN BROCHU	2003 LINCOLN WAY	COEUR D'ALENE	ID	USA	83814
DIRECTOR	NOREEN DAVIS	190 E. BANNOCK STREET	BOISE	ID	USA	83712
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
IDAHO C 120010		Signature: Chuck Pomeroy Name (type or print): Chuck Pomeroy			Date: 06/22/2006 Title: Treasurer	
Processed 06/22/2006		* Electronically provided signatures are accepted as original signatures.				