

No. <b>C 206274</b>		<b>Due no later than Jun 30, 2018</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>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  BEAR LAKE COMMUNITY HEALTH CENTER, INC. FINANCE DEPT 517 W 100 N STE 210 PROVIDENCE UT 84332		TARA MCMULLIN 170 W 400 S ST CHARLES ID 83272	
				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
DIRECTOR	LAVAL B JENSEN	1047 S 100 W	LOGAN	UT	84321
5. Organized Under the Laws of:  <b>UT C 206274</b>		6. Annual Report must be signed.* Signature: Becky Lowe Name (type or print): Becky Lowe Date: 07/01/2018 Title: CFO			
Processed 07/01/2018		* Electronically provided signatures are accepted as original signatures.			