No. C 75893		Due no later than May 31, 2012		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. EMPLOYER'S HEALTH COALITION OF IDAHO, INC. FERNANDO R VELOZ PO BOX 6230		DICK KNAPP 4414 S GEKELER LANE BOISE ID 83716 3. New Registered Agent Signature:*				
4. Corporations: Enter Na	mes and Busin	ess Addresses of Preside	nt, Secretary, and Directors. Treasurer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	FERNANDO VELOZ		C/O M S ADVMINISTRATIVE SVCS 3451 E COPPERPOINT DR STE 201	MERIDIAN	ID	USA	83642	
DIRECTOR	RON LEAVITT		C/O REGENCE 1211 W MYRTLE SUITE 110	BOISE	ID	USA	83702	
DIRECTOR	ERIN SAVAGE		C/O BUS PSYCHOLOGY ASSOC 380 E. PARKCENTER BLVD STE 300	BOISE	ID	USA	83706	
TREASURER	DOUG FRY		C/O PACIFICSOURCE 408 E PARKCENTER BLVD STE 100	BOISE	ID	USA	83706	
SECRETARY	LINDA DUER		C/O IDAHO PHYSICIANS NETWORK 408 E PARKCENTER BLVD STE 100	BOISE	ID	USA	83706	
DIRECTOR	CHRISTINE PICKFORD		C/O BOISE SCHOOLS 300 W FORT STREET	BOISE	ID	USA	83702	
5. Organized Under the L	aws of:	6. Annual Report must b	ne signed *					
ID C 75893		Signature: Fernando R Veloz			Date: 0	Date: 05/31/2012		
		Name (type or print):	Title: President					
Processed 05/31/2012		* Electronically provided	signatures are accepted as original signa	atures.				