

No. C 109505

Due no later than February 28, 2009

Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

BOUNDARY HEALTH NETWORK, INC.
CRAIG A JOHNSON
BOUNDARY COMMUNITY HOSPITAL
6640 KANIKSU
BONNERS FERRY, ID 83805CRAIG A JOHNSON
BOUNDARY COMMUNITY HOSPITAL
6640 KANIKSU ST
BONNERS FERRY, ID 83805NO FILING FEE IF
RECEIVED BY DUE DATE3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

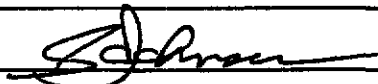
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
PRESIDENT	CHUCK NEWHOUSE	6641 KANIKSU	SUITER A	BONNERS FERRY	ID 83805
SECY.	CRAIG JOHNSON	6640 KANIKSU		BONNERS FERRY	ID 83805

5. Organized Under the Laws of:

IDAHO
C 109505

6.

Signature



Date

12/15/08

Name (Typed or Printed)

CRAIG A. JOHNSON

Title

SEC.

Issued 12/01/2008

Do Not Tape or Staple

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