

No. <b>C 185192</b>		<b>Due no later than Nov 30, 2014</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> WALTER KNOX COMMUNITY HOSPITAL, INC. NATHAN COBURN 1202 E LOCUST ST EMMETT ID 83617		JOHN OLSON 1202 E LOCUST ST EMMETT 83617		
				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	DAVE SHAW	1202 E LOCUST ST	EMMETT	ID	USA	83617
DIRECTOR	LAN SMITH	1202 E LOCUST ST	EMMETT	ID	USA	83617
DIRECTOR	EARL DEFUR	1202 E LOCUST ST	EMMETT	ID	USA	83617
DIRECTOR	STAN STURTZ	1202 E LOCUST ST	EMMETT	ID	USA	83617
DIRECTOR	JUDY BARBERA	1202 E LOCUST ST	EMMETT	ID	USA	83617
DIRECTOR	ANITA TAYLOR	1202 E. LOCUST ST	EMMETT	ID	USA	83617
DIRECTOR	WILLIAM VETTER	1202 E LOCUST ST	EMMETT	ID	USA	83617
DIRECTOR	SHANE ROE	1202 E LOCUST ST	EMMETT	ID	USA	83617
DIRECTOR	DAN CHADWICK	1202 E LOCUST ST	EMMETT	ID	USA	83617
5. Organized Under the Laws of:  <b>ID C 185192</b>		6. Annual Report must be signed.* Signature: NATHAN COBURN Name (type or print): NATHAN COBURN  Date: 02/04/2015 Title: CFO				
Processed 02/04/2015		* Electronically provided signatures are accepted as original signatures.				