

No. C 185192		Due no later than Nov 30, 2013 Annual Report Form		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		1. Mailing Address: Correct in this box if needed. WALTER KNOX COMMUNITY HOSPITAL, INC. MARY LOU TATE 1202 E LOCUST ST EMMETT ID 83617		JOHN OLSON 1202 E LOCUST ST EMMETT ID 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	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
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
5. Organized Under the Laws of: ID C 185192		6. Annual Report must be signed.* Signature: Wendy Quarve Name (type or print): Wendy Quarve Date: 12/23/2013 Title: Admin Asst				
Processed 12/23/2013		* Electronically provided signatures are accepted as original signatures.				