

No. <b>C 203869</b>	<b>Due no later than Oct 31, 2015</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b> CHALLIS AREA HEALTH CENTER, INCORPORATED PO BOX 980 CHALLIS ID 83226	SHARLENE MILLER 611 CLINIC RD CHALLIS ID 83226				
		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	KATHY PIVA	PO BOX 1219	CHALLIS	ID		83226
DIRECTOR	ROBERT BOREN	HC 67 BOX 742	CLAYTON	ID		83227
DIRECTOR	CAROL HEARNE	PO BOX 515	CHALLIS	ID		83226
5. Organized Under the Laws of:  <b>ID C 203869</b>	6. Annual Report must be signed.* Signature: Sharlene H Miller Name (type or print): Sharlene H Miller		Date: 08/24/2015 Title: CFO			
Processed 08/24/2015		* Electronically provided signatures are accepted as original signatures.				