

No. C 24456		Due no later than Jul 31, 2009 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		1. Mailing Address: Correct in this box if needed. BONNER GENERAL HOSPITAL, INC. SHERYL RICKARD PO BOX 1448 SANDPOINT ID 83864		SHERYL RICKARD 520 NORTH THIRD AVENUE SANDPOINT ID 83864			
NO FILING FEE IF RECEIVED BY DUE DATE				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	FORD ELSAESER	P O BOX 1049	SANDPOINT	ID	USA	83864	
SECRETARY	THOMAS LAWRENCE, MD	1327 SUPERIOR	SANDPOINT	ID	USA	83864	
DIRECTOR	JACK PARKER	509 S SECOND AVE	SANDPOINT	ID	USA	83864	
DIRECTOR	JOHN PORTER	602 N 5TH AVE	SANDPOINT	ID	USA	83864	
DIRECTOR	HOWARD FAUX	931 SYRINGA HEIGHTS RD	SANDPOINT	ID	USA	83864	
DIRECTOR	VERNA WHITE	P O BOX 394	SANDPOINT	ID	USA	83864	
DIRECTOR	RICHARD NEHER, MD	502 N SECOND AVE	SANDPOINT	ID	USA	83864	
DIRECTOR	SHERYL RICKARD	520 NORTH THIRD	SANDPOINT	ID	USA	83864	
DIRECTOR	TIM COCHRAN	329 EUCLID	SANDPOINT	ID	USA	83864	
5. Organized Under the Laws of: ID C 24456		6. Annual Report must be signed.* Signature: Sheryl Rickard Name (type or print): Sheryl Rickard					
		Date: 09/02/2009 Title: Chief Executive Officer					
Processed 09/02/2009 * Electronically provided signatures are accepted as original signatures.							