No. <b>C 175321</b>	Due no later than Oct 31, 2017	2. Registered Agent and Address (NO PO BOX)				
Return to:	Annual Report Form		D JEFFERY DANIELS			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed.	98 POPLAR ST BLACKFOOT ID 83221  3. New Registered Agent Signature:*				
	REGIONAL HEALTH ALLIANCE, INC. JAKE ERICKSON 98 POPLAR ST					
	BLACKFOOT ID 83221-1758					
NO FILING FEE IF RECEIVED BY DUE DATE						
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 JAKE ERICK	SON BINGHAM MEMORIAL HOSPITAL 98 POPLAR	BLACKFOOT	ID	USA	83221-1758	
5. Organized Under the Laws of:	6. Annual Report must be signed.*					
ID	Signature: D. Jeffery Daniels	Date: 09/29/2017				
C 175321	Name (type or print): D. Jeffery Daniels	Title: CEO				
Processed 09/29/2017	* Electronically provided signatures are accepted as original signatures.					