

No. C 108599	Due no later than Dec 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. BONNER HEALTH NETWORK INC. SHERYL RICKARD 520 N 3RD SANDPOINT ID 83864		SHERYL RICKARD 520 N 3RD SANDPOINT ID 83864			
			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	THOMAS LAWRENCE, MD	520 N 3RD AVE	SANDPOINT	ID	USA	83864
DIRECTOR	RICHARD NEHER, MD	520 N 3RD AVE	SANDPOINT	ID	USA	83864
DIRECTOR	SCOTT DUNN, MD	520 N 3RD	SANDPOINT	ID	USA	83864
DIRECTOR	SHERYL RICKARD	520 N 3RD AVE	SANDPOINT	ID	USA	83864
5. Organized Under the Laws of: ID C 108599	6. Annual Report must be signed.* Signature: Sheryl Rickard Name (type or print): Sheryl Rickard		Date: 10/20/2009 Title: CEO/Director			
Processed 10/20/2009		* Electronically provided signatures are accepted as original signatures.				