

No. <b>C 169241</b>		<b>Due no later than Oct 31, 2011</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> NORTH IDAHO RURAL HEALTH CONSORTIUM INC. CAROL WILSON 2003 KOOTENAI HEALTH WAY COEUR D' ALENE ID 83814 USA		CRAIG JOHNSON 2003 KOOTENAI HEALTH WAY COEUR D'ALENE ID 83814			
				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	JON NESS	2003 KOOTENAI HEALTH WAY	COEUR D'ALENE	ID	USA	83814	
DIRECTOR	GARY MOORE	25 JACOBS GULCH	KELLOGG	ID	USA	83837	
SECRETARY	BRIAN NALL	229 S 7TH ST	ST MARIES	ID	USA	83861	
DIRECTOR	SHERYL RICKARD	PO BOX 1448 520 N 3RD AVE	SANDPOINT	ID	USA	83864	
PRESIDENT	CRAIG JOHNSON	6640 KANIKSU ST	BONNERS FERRY	ID	USA	83805	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID C 169241</b>		Signature: Craig Johnson				Date: 10/27/2011	
		Name (type or print): Craig Johnson				Title: Board Chairman	
Processed 10/27/2011		* Electronically provided signatures are accepted as original signatures.					