

No. C 113890		Due no later than Feb 28, 2011		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. SELAH MEDICAL CENTER, P.A. BRYAN POGUE 6565 WEST EMERALD BOISE ID 83704		BRYAN C POGUE 6565 WEST EMERALD BOISE ID 83704			
				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	BRYAN C POGUE	6565 WEST EMERALD	BOISE	ID	USA	83704	
DIRECTOR	ANDREA POGUE	6565 WEST EMERALD	BOISE	ID	USA	83704	
5. Organized Under the Laws of: ID C 113890		6. Annual Report must be signed.* Signature: Andrea Pogue Name (type or print): Andrea Pogue					
		Date: 03/06/2011 Title: Director					
Processed 03/06/2011		* Electronically provided signatures are accepted as original signatures.					