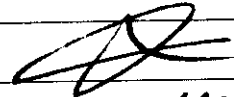


No. C 109505	Due no later than Feb 28, 2003 Annual Report Form	2. Registered Agent and Office NO PO BOX WILLIAM MCCREIGHT, M.D. BOUNDARY COMMUNITY HOSPITAL 6640 KANIKSU ST BONNERS FERRY, ID 83805
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable BOUNDARY HEALTH NETWORK, INC. WILLIAM MCCREIGHT, M.D. BOUNDARY COMMUNITY HOSPITAL HCR 61 BOX 61A BONNERS FERRY, ID 83805	3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Pres.	William McCreight,	PO Box 878,	Bonnors Ferry,	ID	83805
Sec.	Craig Johnson,	6640 Kaniksu St.,	Bonnors Ferry,	ID	83805

5. Organized Under the Laws of: IDAHO C 109505	6. Signature  Date <u>2/11/03</u> Name (Typed or Printed) <u>William McCreight</u> Title <u>Pres.</u>
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