

No. C 178077		Due no later than Apr 30, 2009		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. COMMUNITY HEALTH ASSOCIATION OF SPOKANE AARON WILSON 3919 N MAPLE ST SPOKANE WA 99205		CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE ID 83702 USA			
				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	
SECRETARY	GEOFF NORWOOD	3919 N MAPLE ST	SPOKANE	WA	USA	99205	
5. Organized Under the Laws of: WA C 178077		6. Annual Report must be signed.* Signature: Aaron Wilson Name (type or print): Aaron Wilson					
		Date: 06/15/2009 Title: Deputy Director					
Processed 06/15/2009		* Electronically provided signatures are accepted as original signatures.					