

No. C 20243		Due no later than Mar 31, 2012		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. GRITMAN MEDICAL CENTER, INC. KARA L BESST 700 S MAIN ST MOSCOW ID 83843		KARA L BESST 700 S MAIN ST MOSCOW ID 83843			
				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	
PRESIDENT	KARA L BESST	700 S MAIN STREET	MOSCOW	ID	USA	83843	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 20243		Signature: Becky Chavez			Date: 03/05/2012		
		Name (type or print): Becky Chavez			Title: Adminisitrative Assistant		
Processed 03/05/2012		* Electronically provided signatures are accepted as original signatures.					