

No. C 107471		Due no later than Aug 31, 2013		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		DON CHISHOLM 1250 IRONWOOD DR STE 201 COEUR D'ALENE ID 83814			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		NORTH IDAHO HEALTH NETWORK, INC. DON CHISHOLM 1250 IRONWOOD DR STE 201 COEUR D'ALENE ID 83814					
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	TIM QUINN	700 IRONWOOD DR STE 304	COEUR D'ALENE	ID	USA	83814	
PRESIDENT	DON CHISHOLM	920 W IRONWOOD DR	COEUR D'ALENE	ID	USA	83814	
DIRECTOR	RICHARD BELL	914 W IRONWOOD DR STE 101	COEUR D'ALENE	ID	USA	83814	
DIRECTOR	SCOT AULD	10000 SCHWEITZER MT. ROAD	SANDPOINT	ID	USA	83864	
DIRECTOR	LESLY WARD	PO BOX 6200	CDA	ID	USA	83814	
DIRECTOR	THOMAS LAWRENCE	1327 SUPERIOUR ST.	SANDPOINT	ID	USA	83864	
TREASURER	CRAIG JOHNSON	6640 KANIKSU	BONNERS FERRY	ID	USA	83805	
DIRECTOR	CHER JACOBSEN	185 W. 4TH AVENUE, SUITE B	POST FALLS	ID	USA	83854	
DIRECTOR	BRAD BROSOSKY	8181 N CORNERSTONE DRIVE	HAYDEN	ID	USA	83835	
VICE PRESIDENT	SHERYL RICKARD	520 N 3RD AVE	SANDPOINT	ID	USA	83864	
DIRECTOR	GARY MOORE	25 JACOBS GULCH	KELLOGG	ID	USA	83837	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 107471		Signature: Kimberly Rahn		Date: 08/12/2013			
		Name (type or print): Kimberly Rahn		Title: Assistant Executive Director			
Processed 08/12/2013		* Electronically provided signatures are accepted as original signatures.					