

No. C 20243		Due no later than Mar 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 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
DIRECTOR	WAYNE RUBY	700 S MAIN STREET	MOSCOW	ID	USA	83843
DIRECTOR	GREG MANN	700 S. MAIN STREET	MOSCOW	ID	USA	83843
DIRECTOR	DICK HEIMSCH	700 S MAIN STREET	MOSCOW	ID	USA	83843
DIRECTOR	BARBARA WELLS	700 S. MAIN STREET	MOSCOW	ID	USA	83843
DIRECTOR	CHARLES JACOBSON	700 S. MAIN STREET	MOSCOW	ID	USA	83843
DIRECTOR	GREG KIMBERLING	700 S MAIN STREET	MOSCOW	ID	USA	83843
DIRECTOR	TERRY ARMSTRONG	700 S MAIN STREET	MOSCOW	ID	USA	83843
SECRETARY	ROBIN WOODS	700 S. MAIN STREET	MOSCOW	ID	USA	83843
VICE PRESIDENT	JANIE NIRK	700 S. MAIN STREET	MOSCOW	ID	USA	83843
PRESIDENT	BJ SWANSON	700 S MAIN STREET	MOSCOW	ID	USA	83843
5. Organized Under the Laws of: ID C 20243		6. Annual Report must be signed.* Signature: Kara Besst Name (type or print): Kara Besst Date: 02/20/2013 Title: President / CEO				
Processed 02/20/2013		* Electronically provided signatures are accepted as original signatures.				