

No. <b>W 811</b>		<b>Due no later than Jan 31, 2013</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  CLEARWATER MEDICAL CENTER, P.L.L.C. JILL M BALL 1522 17TH ST LEWISTON ID 83501		CELSO R CHAVEZ 1522 17TH ST LEWISTON ID 83501			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	CHERYL LOETSCHER	1522 17TH ST	LEWISTON	ID	USA	83501	
MEMBER	CELSO R CHAVEZ	1522 17TH ST	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of:  <b>ID</b> <b>W 811</b>		6. Annual Report must be signed.*  Signature: Jill Ball Name (type or print): Jill Ball					
		Date: 11/13/2012 Title: Manager					
Processed 11/13/2012      * Electronically provided signatures are accepted as original signatures.							