No. C 90167		Due no later than Aug 31, 2011		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		The state of the s	JEFFREY W MARTIN 700 S MAIN ST MOSCOW ID 83843 3. New Registered Agent Signature:*			
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.						
		PALOUSE REGIONAL HEALTH CORPORATION KARA L BESST 700 S MAIN ST MOSCOW ID 83843						
				5. <u>Hell</u> Register				
4. Corporations: Enter N	lames and Busin	ess Addresses	of President, Secretary, and Directors. Treas	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	B J SWANS	ON	600 S. JACKSON	MOSCOW	ID	USA	83843	
DIRECTOR	JANIE NIRK		1010 S. BRINCKEN	POTLATCH	ID	USA	83855	
SECRETARY	ROBIN WOO	DS	615 MOORE STREET	MOSCOW	ID	USA	83843	
DIRECTOR	TERRY ARM	STRONG	1779 AMY COURT	MOSCOW	ID	USA	83843	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 90167		Signature: Becky Chavez		Date: 06/29/	Date: 06/29/2011			
		Name (type or print): Becky Chavez		Title: Admin	Title: Administrative Assistant			
Processed 06/29/2011		* Electronically	provided signatures are accepted as origina	al signatures.				