

No. C 148957	Due no later than Apr 30, 2009 Annual Report Form		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	1. Mailing Address: Correct in this box if needed.		SHERYL RICKARD C/O PANHANDLE HEALTH DISTRICT 1020 MICHIGAN ST SANDPOINT ID 83864			
	BONNER PARTNERS IN CARE CLINIC, INC. SHERYL L RICKARD 1020 MICHIGAN AVE SANDPOINT ID 83864 USA		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	ANITA HOAG	36 GRANITE VIEW DR	SANDPOINT	ID	USA	83864
DIRECTOR	JUNE GOBBLE	1717 W ONTARIO	SANDPOINT	ID	USA	83864
DIRECTOR	TODD CROSETT	P O BOX 442	COCOLALLA	ID	USA	83813
DIRECTOR	LORI ANKERSMIT	1020 MICHIGAN	SANDPOINT	ID	USA	83864
DIRECTOR	JEREMY WATERS	606 NORTH THIRD	SANDPOINT	ID	USA	83864
DIRECTOR	JUDY BAIRD	476655 HWY 95 N	PONDERAY	ID	USA	83852
TREASURER	SHERYL L RICKARD	520 NORTH THIRD	SANDPOINT	ID	USA	83864
SECRETARY	SUE TRAVERS	4205 N BOYER	SANDPOINT	ID	USA	83864
PRESIDENT	STEVE ELGAR	73 VILLAGE LANE	SANDPOINT	ID	USA	83864
5. Organized Under the Laws of: ID C 148957	6. Annual Report must be signed.* Signature: Sheryl L Rickard Name (type or print): Sheryl L Rickard		Date: 03/01/2009 Title: Treasurer			
Processed 03/01/2009		* Electronically provided signatures are accepted as original signatures.				