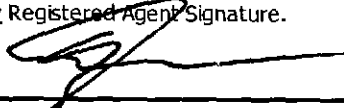
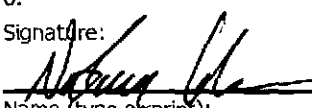


No. C 185192 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 02/23/2016 1. Mailing Address: Correct in this box if needed. WALTER KNOX COMMUNITY HOSPITAL, INC. NATHAN COBURN 1202 E LOCUST ST EMMETT ID 83617	2. Registered Agent and Office (NOT A P.O. BOX) JOHN OLSON- Wade Johnson 1202 E LOCUST ST EMMETT ID 83617 3. <u>New</u> Registered Agent Signature. 																																																															
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres.																																																																	
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5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;">IDAHO</div> <div style="text-align: center; font-size: 1.2em;">C 185192</div>	6. Signature:  Name (type or print): NATHAN COBURN Date: <u>5/18/16</u> Title: CFO																																																																

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