No. <b>C 121493</b>		Due no later than Nov 30, 2011		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		CT CORPORATION SYSTEM			
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.  CLEARWATER VALLEY HOSPITAL AND CLINICS, INC. FAYE WITT 502 EAST 2ND STREET DULUTH MN 55805 USA		1111 W JEFFERSON STE 530 BOISE ID 83702 USA  3. New Registered Agent Signature:*			
	lame		Street or PO Address	City	State	Country	Postal Code
	HENRY L CLAY		PO BOX 784	OROFINO	ID	USA	83544
	JACK SECREST, MD CMO		701 LEWISTON ST	COTTONWOOD	ID	USA	83522
	KELLY MCGRATH, MD CMO		301 CEDAR STREET	OROFINO	ID	USA	83544
			PO BOX 463	OROFINO	ID	USA	83544
		BARA JEAN GLODOWSKI		JEROME	ID	USA	83338
DIRECTOR S:	ISTER MAR	Y ODILE CAHOON, OSB	1001 KENWOOD AVE	DULUTH	MN	USA	55811
DIRECTOR LA	ARRY COO	NTS	PO BOX 1147	OROFINO	ID	USA	83544
DIRECTOR M	MAURICE MASAR, MD		PO BOX 1330	OROFINO	ID	USA	83544
DIRECTOR G			PO BOX 575	COTTONWOOD	ID	USA	83522
DIRECTOR BI	BRYAN HIGGINS		421 YELLOWBULL RD	KAMIAH	ID	USA	83536
SECRETARY M	MARJORIE KUCHYNKA		498 MUSSELSHELL RD	WEIPPE	ID	USA	83553
DIRECTOR G	GARY REHDER		PO BOX 526	COTTONWOOD	ID	USA	83522
PRESIDENT D	DAN DAVIS		12730 HWY 12	OROFINO	ID	USA	83544
DIRECTOR M	MICHAEL HEDRIX		502 E 2ND STREET	DULUTH	MN	USA	55805
5. Organized Under the Laws of: 6. Annual Report		6. Annual Report must b	e signed.*				
ID		Signature: Faye Witt		Date: 10/04/2011			
C 121493		Name (type or print): Faye Witt		Title: Associate General Counsel			
Processed 10/04/2011		* Electronically provided	signatures are accepted as original s	ignatures.			