

No. C 178077		Due no later than Apr 30, 2010 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. COMMUNITY HEALTH ASSOCIATION OF SPOKANE AARON WILSON 203 N. WASHINGTON #300 SPOKANE WA 99201		CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE ID 83702 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	JOE GELLATLY	203 N. WASHINGTON #300	SPOKANE	WA	USA	99201	
5. Organized Under the Laws of: WA C 178077		6. Annual Report must be signed.* Signature: Aaron Wilson Name (type or print): Aaron Wilson					
		Date: 02/12/2010 Title: Deputy Director					
Processed 02/12/2010 * Electronically provided signatures are accepted as original signatures.							

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