




No. C 169241	Due no later than Oct 31, 2010 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) CRAIG JOHNSON 2003 KOOTENAI HEALTH WAY COEUR D'ALENE ID 83814		
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. NORTH IDAHO RURAL HEALTH CONSORTIUM INC. CAROL WILSON 2003 KOOTENAI HEALTH WAY COEUR D'ALENE ID 83814 USA		3. New Registered Agent Signature.		

4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
Director	Michael Pruitt	25 Jacobs Gulch	Kellogg	ID	USA	83837
Director	Brian Nall	229 S. 7th Street	St. Maries	ID	USA	83861
Director	Sheryl Rickard	P.O. Box 1448 520 N. 3rd Ave	Sandpoint	ID	USA	83864
Director	Craig Johnson	6640 Kaniksu St.	Bonniers Ferry	ID	USA	83805
Director	Jon Ness	2003 Kootenai Health Way	Coeur d'Alene	ID	USA	83814

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO C 169241 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: 10/28/10 </td> </tr> <tr> <td> Name (type or print): Craig A. Johnson </td> <td> Title: Chairman </td> </tr> </table>	Signature: 	Date: 10/28/10	Name (type or print): Craig A. Johnson	Title: Chairman
Signature: 	Date: 10/28/10				
Name (type or print): Craig A. Johnson	Title: Chairman				

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