No. **C 107472**	**Due no later than Aug 31, 2009**	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**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** KOOTENAI HEALTH NETWORK, INC. TIM QUINN 700 IRONWOOD DR STE 210 COEUR D'ALENE ID 83814	TIM QUINN 700 IRONWOOD DR STE 310 COEUR D'ALENE ID 83814 3. New 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	BRAD BROSOSKY	8181 N. CORNERSTONE DRIVE	HAYDEN	ID	USA	83835
DIRECTOR	MIKE DIXON	700 IRONWOOD DRIVE SUITE 210	COEUR D'ALENE	ID	USA	83814
DIRECTOR	CARL HANSEN	700 IRONWOOD DRIVE STE 350	COEUR D'ALENE	ID	USA	83814
DIRECTOR	CHARLES GATES	980 W. IRONWOOD DR. STE 104	COEUR D'ALENE	ID	USA	83814
DIRECTOR	DON CHISHOLM	920 IRONWOOD DRIVE	COEUR D'ALENE	ID	USA	83814
DIRECTOR	RICHARD BELL	914 W. IRONWOOD DRIVE STE 101	COEUR D'ALENE	ID	USA	83814
PRESIDENT	TIM QUINN	700 IRONWOOD DRIVE STE 304	COEUR D'ALENE	ID	USA	83814
SECRETARY	DAVID YORK	700 IRONWOOD DR SUITE 336	COEUR D'ALENE	ID	USA	83814
DIRECTOR	JOSEPH E MORRIS	2003 LINCOLN WAY	COEUR D'ALENE	ID	USA	83814
TREASURER	TOM LEGEL	2003 LINCOLN WAY	COEUR D'ALENE	ID	USA	83814

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 107472**	Signature: Jennifer Donnell Name (type or print): Jennifer Donnell	Date: 06/15/2009 Title: Finance Manager
Processed 06/15/2009	* Electronically provided signatures are accepted as original signatures.	