

No. <b>W 45790</b>		<b>Due no later than Dec 31, 2010</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  ICHN, LLC STEVEN W DRAKE 190 E BANNOCK ST BOISE ID 83712		STEVEN W DRAKE 190 E BANNOCK ST BOISE ID 83712			
				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	ST. LUKE'S MAGIC VALLEY REG	650 ADDISON AVE W	TWIN FALLS	ID	USA	83303	
MEMBER	KOOTENAI MEDICAL CENTER	2003 LINCOLN WAY	COEUR D'ALENE	ID	USA	83814	
MEMBER	PORTNEUF MEDICAL CENTER	651 MEMORIAL DR	POCATELLO	ID	USA	83201	
MEMBER	ST LUKES REGIONAL MED CTR	190 E BANNOCK ST	BOISE	ID	USA	83712	
5. Organized Under the Laws of:  <b>ID W 45790</b>		6. Annual Report must be signed.* Signature: Steven W. Drake Name (type or print): Steven W. Drake Date: 12/31/2010 Title: Registered Agent					
Processed 12/31/2010		* Electronically provided signatures are accepted as original signatures.					