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**STATE OF MONTANA**  
**SECRETARY OF STATE**  
**2024 ANNUAL REPORT**

*For Office Use Only*  
STATE OF MONTANA

**-FILED-**

SECRETARY OF STATE

File Number: 15968389

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Business Type	Domestic Non-Profit Corporation		
Business Sub-Type	Public Benefit Corporation without members		
Business Name	2024		
Annual Report Year	COMMUNITY HEALTH PARTNERS, INC.		
Name of Business Entity	D090507		
Montana File Number	United States		
Country of Organization	Montana		
State of Organization	ANY LAWFUL BUSINESS		
Business Purpose			
Business Mailing Address of Principal Office	112 W LEWIS ST LIVINGSTON, MT 59047		
Address			
Business Physical Address of Principal Office	112 W LEWIS ST LIVINGSTON, MT 59047		
Address			
The registered agent on record is:	LANDER COONEY Non-Commercial Registered Agent		
Registered Agent	Agent Number RA00252962		
	Email Address		
	Website		
	Physical Address 112 W LEWIS ST LIVINGSTON, MT 59047		
	Mailing Address 112 W LEWIS ST LIVINGSTON, MT 59047		
Directors			
Full Name	Business Mailing Address	Position	Email Address
SHIELL ANDERSON	738 HWY 89 N LIVINGSTON, MT 59047	Director	
ELIZABETH LEWIS	27 ELBOW CREEK RD LIVINGSTON, MT 59047	Director	
DANA JOHNSON	223 CIRCLE DR BOZEMAN, MT 59715	Director	
Officers			
Full Name	Business Mailing Address	Position	Email Address



LANDER COONEY	112 W Lewis St LIVINGSTON, MT 59047	Other Officer	
JESSICA WILSON	112 W LEWIS ST LIVINGSTON, MT 59047-5904	Other Officer	WILSONJES@CHPHEALTH.ORG

Declarations

☒ I confirm I have reviewed the information set forth in this Annual Report and that all information is correct and factual.

☒ I have been authorized by the business entity to file this document online.

☒ I, HEREBY SWEAR AND/OR AFFIRM, under penalty of law, including criminal prosecution, that the facts contained in this document are true. I certify that I am signing this document as the person(s) whose signature is required, or as an agent of the person(s) whose signature is required, who has authorized me to place his/her signature on this document.

Signature

<i>Self</i>	<i>Jessica Wilson</i>	<i>01/10/2024</i>
Signer's Capacity	Sign Here	Date

Position	Other Officer
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Daytime Contact

Phone Number	(406) 823-6301
Email	wilsonjes@chphealth.org