

Municipal Secondary Market Disclosure Information Cover Sheet

This cover sheet should be sent with all submissions made to the Municipal Securities Rulemaking Board, Nationally Recognized Municipal Securities Information Repositories, and any applicable State Information Depository, whether the filing is voluntary or made pursuant to Securities and Exchange Commission rule 15c2-12 or any analogous state statute.

See www.sec.gov/info/municipal/nrmsir.htm for list of current NRMSIRs and SIDs

IF THIS FILING RELATES TO A SINGLE BOND ISSUE:

Provide name of bond issue exactly as it appears on the cover of the Official Statement
(please include name of state where issuer is located):

\$23,150,000

City of Iron River Hospital Finance Authority (Michigan)

Hospital Revenue and Refunding Bonds, Series 2008

Iron County Community Hospitals, Inc.

Provide nine-digit CUSIP* numbers if available, to which the information relates:

463003AA1

463003AL7

463003AT0

IF THIS FILING RELATES TO ALL SECURITIES ISSUED BY THE ISSUER OR ALL SECURITIES OF A SPECIFIC CREDIT OR ISSUED UNDER A SINGLE INDENTURE:

Issuer's Name (please include name of state where Issuer is located): _____

Other Obligated Person's Name (if any): _____
(Exactly as it appears on the Official Statement Cover)

Provide six-digit CUSIP* number(s), if available, of Issuer: _____

*(Contact CUSIP's Municipal Disclosure Assistance Line at 212.438.6518 for assistance with obtaining the proper CUSIP numbers.)

TYPE OF FILING:

Electronic (number of pages attached) 1 Paper (number of pages attached) _____

If information is also available on the Internet, give URL: www.firstriver.com

WHAT TYPE OF INFORMATION ARE YOU PROVIDING? (Check all that apply)

A. Annual Financial Information and Operating Data pursuant to Rule 15c2-12
(Financial information and operating data should not be filed with the MSRB.)

Fiscal Period Covered: _____

B. Audited Financial Statements or CAFR pursuant to Rule 15c2-12

Fiscal Period Covered: _____

C. Notice of a Material Event pursuant to Rule 15c2-12 (Check as appropriate)

- | | |
|--|--|
| 1. <input type="checkbox"/> Principal and interest payment delinquencies | 6. <input type="checkbox"/> Adverse tax opinions or events affecting the tax-exempt status of the security |
| 2. <input type="checkbox"/> Non-payment related defaults | 7. <input type="checkbox"/> Modifications to the rights of security holders |
| 3. <input type="checkbox"/> Unscheduled draws on debt service reserves reflecting financial difficulties | 8. <input type="checkbox"/> Bond calls |
| 4. <input type="checkbox"/> Unscheduled draws on credit enhancements reflecting financial difficulties | 9. <input type="checkbox"/> Defeasances |
| 5. <input type="checkbox"/> Substitution of credit or liquidity providers, or their failure to perform | 10. <input type="checkbox"/> Release, substitution, or sale of property securing repayment of the securities |
| | 11. <input type="checkbox"/> Rating changes |

D. Notice of Failure to Provide Annual Financial Information as Required

E. Quarterly or Monthly Financial Information and Operating Data
(Financial information and operating data should not be filed with the MSRB.)

Period Covered: _____

F. Other Secondary Market Information (Specify): Access Instructions for Replay of November 3, 2011 Conference Call

I hereby represent that I am authorized by the issuer or obligor or its agent to distribute this information publicly:

Issuer Contact:

Name _____ Title _____
Employer _____
Address _____ City _____ State _____ Zip Code _____
Telephone _____ Fax _____
Email Address _____ Issuer Web Site Address _____

Dissemination Agent Contact, if any:

Name Shelley J. Aronson Title President
Employer First River Advisory L.L.C.
Address 2640 Override Drive City Ann Arbor State MI Zip Code 48104
Telephone (734) 761-3624 Fax _____
Email Address aronson@firstriver.com Relationship to Issuer Dissemination Agent

Obligor Contact, if any:

Name Glenn E. Dobson Title Chief Financial Officer
Employer NORTHSTAR Health System
Address 1400 West Ice Lake Road City Iron River State MI Zip Code 49935
Telephone (906) 265-0436 Fax (906) 265-3098
Email Address gdobson@northstarhs.org Obligor Web Site Address www.northstarhs.org

Investor Relations Contact, if any:

Name _____ Title _____
Telephone _____ Email Address _____

FIRST RIVER ADVISORY L.L.C.

2640 OVERRIDGE DRIVE
ANN ARBOR, MICHIGAN 48104-4040

OFFICE TELEPHONE MOBILE TELEPHONE
(734) 761-3624 (734) 276-0300
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Member Firm



SHELLEY J. ARONSON
PRESIDENT
Certified Independent Public Finance Advisor

NOTICE

First River Advisory, as Dissemination Agent in connection with bonds and their CUSIP numbers set forth on the cover sheet, recently discovered that the instructions previously disclosed to access this recorded conference call were valid for only thirty days after the call. First River Advisory has arranged for the recording to be digitized and saved as an .mp3 file. Market participants may request a link to this file from First River Advisory or from the Obligor Contact specified on the cover sheet.

First River Advisory has posted this notice on EMMA as a replacement for the original conference call access instructions. Please be aware, however, that such original access instructions remain archived on EMMA.