

No. **W 14716****Due no later than Mar 31, 2003**
Annual Report Form

2. Registered Agent and

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

KIMBERLY FAMILY MEDICAL CENTER LLC

PO BOX 829

KIMBERLY, ID 83341

~~ALPHA MAHLER~~
205 N MAIN ST

KIMBERLY, ID 83341

**NO FILING FEE IF
RECEIVED BY DUE DATE**3. New Registered Agent Signature*Pam Lowder*

4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
	Alpha Mahler	P.O. Box 829	Kimberly	ID	83341
	Jayne Lee	P.O. Box 829	Kimberly	ID	83341
	Pam Lowder	420 8 th Ave N.	Buhl	ID	83316

5. Organized Under the Laws of:

IDAHO
W 14716

6.

Signature

Pamela Lowder

Date

4/14/03

Name (Typed or Printed)

Pamela Lowder

Title