

No. W 52424		Due no later than Jul 31, 2011 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. IDAHO DOCTORS' HOSPITAL, PLLC AMY PARSLAW 285 VISTA DRIVE POCATELLO ID 83201		ERIC L OLSEN 201 E CENTER ST POCATELLO ID 83201			
NO FILING FEE IF RECEIVED BY DUE DATE				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	SCOTT L HUNEYCUTT MD	285 VISTA DRIVE	POCATELLO	ID	USA	83201	
MEMBER	CLARK L ALLEN MD	285 VISTA DRIVE	POCATELLO	ID	USA	83201	
MEMBER	STEPHEN MARANO MD	3480 WASHINGTON PKWY	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of: ID W 52424		6. Annual Report must be signed.* Signature: Clark Allen Name (type or print): Clark Allen					
		Date: 05/20/2011 Title: Member					
Processed 05/20/2011		* Electronically provided signatures are accepted as original signatures.					