

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                         |                                                                                                                                                                                                                                                                                                                                                                   |                                                                        |              |                    |             |                               |             |              |            |                     |  |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------|--------------------|-------------|-------------------------------|-------------|--------------|------------|---------------------|--|--|--|--|--|
| No. <b>W 2354</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Annual Report Form</b><br><i>Due No Later Than November 30, 1996</i> |                                                                                                                                                                                                                                                                                                                                                                   | 2. Registered Agent and Office <b>NOT A P.O. BOX</b>                   |              |                    |             |                               |             |              |            |                     |  |  |  |  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FEE REQUIRED</b>                                                                                                                                                                                                                                                                                                                                                                               | <b>1. Mailing Address - Please Correct, If Not Correct</b>              |                                                                                                                                                                                                                                                                                                                                                                   | DONALD R BJORNSON, M.D.<br>1904 JENNIE LEE<br><br>IDAHO FALLS ID 83404 |              |                    |             |                               |             |              |            |                     |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | IDAHO HEALTH PARTNERS LLC<br>DONALD R BJORNSON, M.D.<br>1904 JENNIE LEE |                                                                                                                                                                                                                                                                                                                                                                   | 3. Organized Under the Laws of:                                        |              |                    |             |                               |             |              |            |                     |  |  |  |  |  |
| <b>* FIRST NOTICE *</b> IDAHO FALLS ID 83404 ID W 2354                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                         |                                                                                                                                                                                                                                                                                                                                                                   |                                                                        |              |                    |             |                               |             |              |            |                     |  |  |  |  |  |
| 4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b><br>Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input checked="" type="checkbox"/> Members (check one)<br><br><table border="0"> <tr> <td><u>Office held</u></td> <td><u>Name</u></td> <td><u>Street or P.O. Address</u></td> <td><u>City</u></td> <td><u>State</u></td> <td><u>Zip</u></td> </tr> <tr> <td colspan="6">PLEASE SEE ATTACHED</td> </tr> </table> |                                                                         |                                                                                                                                                                                                                                                                                                                                                                   |                                                                        |              | <u>Office held</u> | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> | PLEASE SEE ATTACHED |  |  |  |  |  |
| <u>Office held</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <u>Name</u>                                                             | <u>Street or P.O. Address</u>                                                                                                                                                                                                                                                                                                                                     | <u>City</u>                                                            | <u>State</u> | <u>Zip</u>         |             |                               |             |              |            |                     |  |  |  |  |  |
| PLEASE SEE ATTACHED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                         |                                                                                                                                                                                                                                                                                                                                                                   |                                                                        |              |                    |             |                               |             |              |            |                     |  |  |  |  |  |
| 5. SIGNATURE OF CURRENT RA<br><br>ANY LAWFUL                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                         | 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct, and complete.<br>Signature <u></u> Date <u>8-24-96</u><br>Name <small>(Typed or Printed)</small> <u>DONALD R. BJORNSON, M.D.</u> Title <u>M.D. EXECUTIVE DIR</u> |                                                                        |              |                    |             |                               |             |              |            |                     |  |  |  |  |  |

ISSUED: 07-08-1996

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## **PHYSICIANS**

### **ANESTHESIOLOGY**

Brent Childers, M.D.  
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Deborah Jenkins, M.D.  
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Albert Whitesell, M.D.  
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J. Martin Tingey, M.D.  
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### **CARDIOLOGY**

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208/529-7707-Fax

B. Shields Stutts, M.D.  
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## PHYSICIANS

### FAMILY PRACTICE

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### GENERAL SURGERY

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208/529-5990-Fax

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Brian O'Byrne, M.D.  
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John Liljenquist, M.D.  
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## **PHYSICIANS**

### **INTERNAL MEDICINE continued..**

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### **ORTHOPEDIC SURGERY**

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### **OTOLARYNGOLOGY**

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## **PHYSICIANS**

### **PATHOLOGY continued..**

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Charles Overby, M.D.  
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