




No. W 26597	Due no later than Oct 31, 2011 Annual Report Form	2. Registered Agent and Office (NOT A P.O. BOX) CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE ID 83702																																							
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. EASTERN IDAHO REGIONAL MEDICAL CENTER PHYSICIAN SERVICES, LLC HCA INC LEGAL ONE PARK PLAZA P O BOX 750 NASHVILLE TN 37203	3. <u>New</u> Registered Agent Signature.																																							
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 25%;">Name</th> <th style="width: 25%;">Street or PO Address</th> <th style="width: 15%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td colspan="7">Manager Member (circle one)</td> </tr> <tr> <td>Manager</td> <td>Steven E. Clifton</td> <td>One Park Plaza</td> <td>Nashville</td> <td>TN</td> <td>US</td> <td>37203</td> </tr> <tr> <td>Manager</td> <td>William B. Rutherford</td> <td>One Park Plaza</td> <td>Nashville</td> <td>TN</td> <td>US</td> <td>37203</td> </tr> <tr> <td>Manager</td> <td>Donald W. Stinnett</td> <td>One Park Plaza</td> <td>Nashville</td> <td>TN</td> <td>US</td> <td>37203</td> </tr> </tbody> </table>	Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager Member (circle one)							Manager	Steven E. Clifton	One Park Plaza	Nashville	TN	US	37203	Manager	William B. Rutherford	One Park Plaza	Nashville	TN	US	37203	Manager	Donald W. Stinnett	One Park Plaza	Nashville	TN	US	37203						
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5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold;">IDAHO W 26597</div>	6. <table style="width: 100%;"> <tr> <td style="width: 30%;">Signature:</td> <td style="width: 40%; text-align: center;"></td> <td style="width: 30%;">Date: <u>9/16/11</u></td> </tr> <tr> <td>Name (type or print):</td> <td><u>Steven E. Clifton</u></td> <td>Title: <u>Manager</u></td> </tr> </table>						Signature:		Date: <u>9/16/11</u>	Name (type or print):	<u>Steven E. Clifton</u>	Title: <u>Manager</u>																													
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Issued 08/26/2011 by PEH																																									

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.