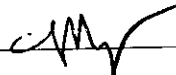


No. C 43599	Due no later than Apr 30, 2001 Annual Report Form		2. Registered Agent and Office NO PO BOX C. JEFFREY ZOLLINGER 393 EAST SECOND NORTH REXBURG, ID 83440												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable REXBURG MEDICAL CENTER PROFESSIONAL C JEFFREY ZOLLINGER 393 EAST SECOND NORTH REXBURG, ID 83440		3. <u>New</u> Registered Agent Signature												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Jeffrey Zollinger</td> <td>393 E 2ND N</td> <td>Rexburg</td> <td>ID</td> <td>83440</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President	Jeffrey Zollinger	393 E 2ND N	Rexburg	ID	83440
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
President	Jeffrey Zollinger	393 E 2ND N	Rexburg	ID	83440										
5. Organized Under the Laws of: <div style="text-align: center;">IDAHO C 43599</div>		6. Signature  <div style="display: flex; justify-content: space-between;"> <div> Date <u>2/13/01</u> Title: <u>President</u> Name <small>(Typed or Printed)</small> <u>Jeffrey Zollinger</u> </div> <div> Time XXX </div> </div>													