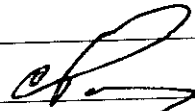


No. W 5620 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than Jul 31, 2003 Annual Report Form 1. Mailing Address - Correct in this box, if applicable SOUTHWEST IDAHO COMMUNITY HEALTH NE PO BOX 607 BOISE, ID 83701	2. Registered Agent and Office NO PO BOX CHUCK POMEROY 190 E BANNOCK ST BOISE, ID 83712 3. <u>New</u> Registered Agent Signature
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4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Manager	Kym Overacker	PO Box 550	Weiser	ID	83672
Manager	Larry Droppers	1202 East Locust	Emmett	ID	83617
Manager	Betty Watson	607 West Main Street	Grangeville	ID	83530
Manager	Wade Sturgeon	1120 Montana	Gooding	ID	83330
Manager	Andrew Fitzgerald	351 SW 9 th Street	Ontario	OR	97914
Manager	Ed Rees	PO Box 1100	Boise	ID	83701
Manager	John Groesbeck	PO Box 409	Twin Falls	ID	83301
Manager	Joni Stright	1000 State Street	McCall	ID	83638
Manager	Chuck Pomeroy	190 East Bannock Street	Boise	ID	83712
Manager	Michael Smyth	100 Hospital Drive	Ketchum	ID	83340
Manager	Tricia Senger	PO Box 1270	Mtn Home	ID	83647

5. Organized Under the Laws of: <div style="text-align: center;">IDAHO W 5620</div>	6. Signature  <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <small>(Typed or Printed)</small> Name Chuck Pomeroy </div> <div style="text-align: center;"> Date 6/25/03 </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="text-align: center;"> <small>(Typed or Printed)</small> Name </div> <div style="text-align: center;"> Title Manager </div> </div>
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