No. W 14716	Annual Report Form 1. Mailing Address - Correct in this box, if applicable KIMBERLY FAMILY MEDICAL CENTER LLC PO BOX 829 KIMBERLY, ID 83341		2. Registered Agent and Office NO PO BOX PAM LOWDER 205 N MAIN ST KIMBERLY, ID 83341 3. New Registered Agent Signature	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				
NO FILING FEE IF RECEIVED BY DUE DATE			. <u>140W</u> Flogistered	Agont Oighataro
Office held Name Alpha Mahl Tayna Lee	ies: Enter Names and Addresses of I Street or P.O. Address EV 366 No Meridian Rd 3525Ni 34006 420 8 Auc N	City Respen	State T T T T T T T T T T T T T	<u>Zip</u> 8 335 () 8 234) 833(6
5. Organized Under the Laws of: IDAHO W 14716 Name Freded: Fam Lowd		wder	Date 2/28/05 Title Office Manager	
Issued 01/03/2005 Do Not Tape or Staple		aple	200503000553	

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