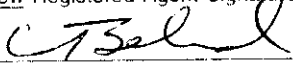
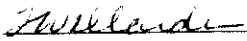
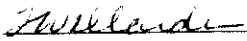
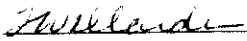


No. W 6180	Due no later than May 31, 2005 Annual Report Form	2. Registered Agent and Office NO PO BOX CLINT E BEHREND 2290 CORONADO ST IDAHO FALLS, ID 83404																														
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable WHW PROPERTIES, LLC PAUL M HENDRIX 2290 CORONADO ST IDAHO FALLS, ID 83404	3. <u>New</u> Registered Agent Signature 																														
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 15%;">Office held</th> <th style="width: 20%;">Name</th> <th style="width: 30%;">Street or P.O. Address</th> <th style="width: 15%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Zip</th> </tr> </thead> <tbody> <tr> <td>Medical Director</td> <td>Clint E. Behrend</td> <td>2290 Coronado</td> <td>Idaho Falls</td> <td>ID</td> <td>83404</td> </tr> <tr> <td>Assist. Med. Director</td> <td>Aaron J. Affleck</td> <td>2290 Coronado</td> <td>Idaho Falls</td> <td>ID</td> <td>83404</td> </tr> <tr> <td>Member</td> <td>Paul M. Hendrix</td> <td>2290 Coronado</td> <td>Idaho Falls</td> <td>ID</td> <td>83404</td> </tr> <tr> <td>Member</td> <td>Gary W. Wallace</td> <td>2290 Coronado</td> <td>Idaho Falls</td> <td>ID</td> <td>83404</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	Medical Director	Clint E. Behrend	2290 Coronado	Idaho Falls	ID	83404	Assist. Med. Director	Aaron J. Affleck	2290 Coronado	Idaho Falls	ID	83404	Member	Paul M. Hendrix	2290 Coronado	Idaho Falls	ID	83404	Member	Gary W. Wallace	2290 Coronado	Idaho Falls	ID	83404
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5. Organized Under the Laws of: IDAHO W 6180	6. <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 60%;">Signature </td> <td style="width: 40%;">Date 3-25-05</td> </tr> <tr> <td>Name (typed or printed) <u>Gary W. Wallace</u></td> <td>Title <u>Director of Nursing</u></td> </tr> </table>		Signature 	Date 3-25-05	Name (typed or printed) <u>Gary W. Wallace</u>	Title <u>Director of Nursing</u>																										
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