No. W 21521	Due no later than November 30, 2008 Annual Report Form 1. Mailing Address - Correct in this box, if applicable MOUNTAIN RIVER BIRTHING AND SURGERY 98 POPLAR ST BLACKFOOT, ID 83221		2. Registered Agent and Office NO PO BO LOUIS KRAML 98 POPLAR ST BLACKFOOT, ID 83221	
Return to: SECRETARY OF STATE				
450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080				
NO FILING FEE IF RECEIVED BY DUE DATE		3.	New Registered A	gent Signature
Limited Liability Compani	es: Enter Names and Addresses of Man	nagers.		
Office held Name	Street or P.O. Address	City	State	<u>Zip</u>
President Louis Kram	d 98 Poplar Street	BACK	DE HOL	83291
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Organized Under the Laws of:	18			\$7 4 _{6 4} B
Organized Under the Laws of: IDAHO W 21521	8. Signature		Date	
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