

No. W 8745	Due no later than May 31, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX																		
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 RIGBY FAMILY MEDICAL CENTER, P.L.L. BRYAN D HAMMAR 182 S CLARK ST RIGBY, ID 83442		BRYAN D HAMMAR 167 EAST 1ST SOUTH RIGBY, ID 83442																		
			3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Members. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: left; width: 10%;">Office held</th> <th style="text-align: left; width: 20%;">Name</th> <th style="text-align: left; width: 30%;">Street or P.O. Address</th> <th style="text-align: left; width: 15%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 15%;">Zip</th> </tr> </thead> <tbody> <tr> <td>Pres</td> <td>Bryan Hammar</td> <td>167 E. 1st South</td> <td>Rigby</td> <td>ID</td> <td>83442</td> </tr> <tr> <td>V.P.</td> <td>Keith Hammar</td> <td>167 E. 1st South</td> <td>Rigby</td> <td>ID</td> <td>83442</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	Pres	Bryan Hammar	167 E. 1st South	Rigby	ID	83442	V.P.	Keith Hammar	167 E. 1st South	Rigby	ID	83442
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V.P.	Keith Hammar	167 E. 1st South	Rigby	ID	83442																
5. Organized Under the Laws of: IDAHO W 8745		6 Signature <u>B. Hammar DO</u> Date <u>5/30/05</u> Name <small>(Typed or Printed)</small> <u>Bryan Hammar</u> Title <u>owner</u>																			