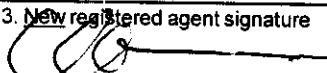
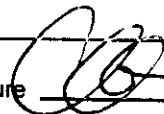


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No. J 49 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 FEE DUE \$30.00	Annual Report Form LLP REVOKED 02/05/2003 1 Mailing Address - Correct in this box if applicable BOISE MEDICAL CENTER, LLP ARTHUR C JONES, III 425 BANNOCK ST BOISE, ID 83702	2. Registered Agent and Office NOT A P.O. BOX ARTHUR C JONES, III 425 BANNOCK ST BOISE, ID 83702 RICHARD F. UHLMANN, MD 3. New registered agent signature 												
4. Limited Liability Partnerships: no other information is required. <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Office held</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Name</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Street or P.O. Address</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>City</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>State</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td colspan="6" style="height: 150px;"></td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>						
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
5. Organized under the laws of: IDAHO J 49	6. Signature  Name (Typed or Printed) <u>Richard F. Uhlmann, MD</u> Title <u>Partner</u> Date <u>10/15/03</u>													

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