

No. W 21521		Due no later than Nov 30, 2009		2. Registered Agent and Address (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 needed. MOUNTAIN RIVER BIRTHING AND SURGERY CENTER, LLC LOUIS KRAML 98 POPLAR ST BLACKFOOT ID 83221		LOUIS KRAML 98 POPLAR ST BLACKFOOT ID 83221			
				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	LOUIS KRAML	98 POPLAR	BLACKFOOT	ID	USA	83221-1758	
5. Organized Under the Laws of: ID W 21521		6. Annual Report must be signed.* Signature: Dustin Nichols Name (type or print): Dustin Nichols Date: 09/16/2009 Title: Controller					
Processed 09/16/2009		* Electronically provided signatures are accepted as original signatures.					