

No. <b>W 8745</b>		<b>Due no later than May 31, 2012</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		BRYAN D HAMMAR 167 EAST 1ST SOUTH RIGBY ID 83442			
		<b>1. Mailing Address: Correct in this box if needed.</b>		3. <u>New</u> Registered Agent Signature:*			
		RIGBY FAMILY MEDICAL CENTER, P.L.L.C. BRYAN D HAMMAR 3902 E 132 N RIGBY ID 83442 USA					
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	
MEMBER	BRYAN D HAMMAR	3902 E 132 N	RIGBY	ID	USA	83442	
MEMBER	RUTH S HAMMAR	3902 E 132 N	RIGBY	ID	USA	83442	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 8745</b>		Signature: Ruth Hammar			Date: 06/08/2012		
		Name (type or print): Ruth Hammar			Title: Member		
Processed 06/08/2012		* Electronically provided signatures are accepted as original signatures.					