

No. W 55046		Due no later than Oct 31, 2016 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. DOCTORS AND HOSPITAL HEALTH SYSTEM OF IDAHO, LLC D. JEFFERY DANIELS 98 POPLAR ST BLACKFOOT ID 83221		D JEFFERY DANIELS 98 POPLAR ST BLACKFOOT ID 83221			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name D. JEFFERY DANIELS	Street or PO Address BMH, INC. 98 POPLAR		City BLACKFOOT	State ID	Country USA	Postal Code 83221
5. Organized Under the Laws of: ID W 55046		6. Annual Report must be signed.* Signature: D. Jeffery Daniels Name (type or print): D. Jeffery Daniels Date: 09/21/2016 Title: CEO					
Processed 09/21/2016 * Electronically provided signatures are accepted as original signatures.							