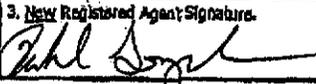
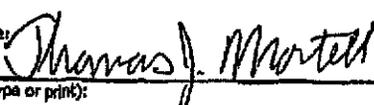


No. W 59383 Reinstatement Annual Report Form ADMIN DISSOLVED 05/13/2011		2. Registered Agent and Office (NOT A P.O. BOX) DAVENPORT Rachel Gonzales 450 E MAIN ST REXBURG ID 83440-0310																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. MADISON LAND, LLC C/O THOMAS J. MORTELL 877 MAIN STREET SUITE 1000 BOISE ID 83702 USA	3. New Registered Agent Signature. 																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																					
<table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td> Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> </td> <td>Board of Trustees</td> <td>450 E. Main St. Madison Memorial Hospital</td> <td>Rexburg</td> <td>ID</td> <td>USA</td> <td>83440-0310</td> </tr> <tr> <td> Manager <input type="checkbox"/> Member <input type="checkbox"/> </td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> Manager <input type="checkbox"/> Member <input type="checkbox"/> </td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> Manager <input type="checkbox"/> Member <input type="checkbox"/> </td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Board of Trustees	450 E. Main St. Madison Memorial Hospital	Rexburg	ID	USA	83440-0310	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>								
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5. Organized Under the Laws of: IDAHO W 59383	6. Signature:  Name (type or print): Thomas J. Mortell Title: Attorney for LLC																																				
Issued 07/03/2012 by C.H																																					