No. <b>W 92979</b>	Due no later than May 31, 2011	2. Registered Agent and Address (NO PO BOX)				
Return to:	Annual Report Form	CT CORPORATION SYSTEM				
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.	1111 W JEFFERSON STE 530 BOISE ID 83702				
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	MOUNTAIN VIEW HOSPITAL, LLC RICHAEL BELNAP 2325 CORONADO ST	USA  3. New Registered Agent Signature:*				
	IDAHO FALLS ID 83404					
NO FILING FEE IF RECEIVED BY DUE DATE	USA					
4. Limited Liability Companies: Enter N	ames and Addresses of at least one Member or Manager.					
Office Held Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER JAMES AD	AMSON 2325 CORONADO ST.	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of:	6. Annual Report must be signed.*	I Report must be signed.*				
DE	Signature: Richael Belnap	Date: 04/25/2011				
W 92979	Name (type or print): Richael Belnap	Title: Executive Assistant				
Processed 04/25/2011	* Electronically provided signatures are accepted as original signatures.					