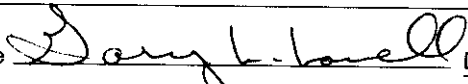


No. W 9383	Due no later than Jul 31, 2001		2. Registered Agent and Office NO PO BOX GARY L. LOVELL, M.D. 36 PROFESSIONAL PLAZA REXBURG, ID 83440												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form		3. <u>New</u> Registered Agent Signature												
1. Mailing Address - Correct in this box, if applicable TARGHEE MEDICAL ASSOCIATES, L.L.C. GARY L. LOVELL, M.D. 36 PROFESSIONAL PLAZA REXBURG, ID 83440															
4. Limited Liability Companies: Enter Names and Addresses of Managers.															
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 20%;"><u>Name</u></th> <th style="text-align: left; width: 30%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 10%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Robert Lofgren MD</td> <td>36 Prof Plaza</td> <td>Rexburg</td> <td>Id</td> <td>83440</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Manager	Robert Lofgren MD	36 Prof Plaza	Rexburg	Id	83440
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
Manager	Robert Lofgren MD	36 Prof Plaza	Rexburg	Id	83440										
5. Organized Under the Laws of: <div style="text-align: center;">IDAHO W 9383</div>		6. <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;"> Signature  Name (Typed or Printed) Gary L. Lovell MD </div> <div style="width: 35%;"> Date 6-15-01 Title: XXXX Member </div> </div>													