No. W 52424	Due no later than Jul 31, 2014		2. Registered Agent and Address (NO PO BOX)				
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 1. Mailing Address: Correct in this box if needed. IDAHO DOCTORS' HOSPITAL, PLLC AMY PARSLOW 2240 E CENTER ST POCATELLO ID 83201 USA		ERIC L OLSEN 201 E CENTER ST POCATELLO ID 83201 3. New Registered Agent Signature:*				
4. Limited Liability Companies: Enter N	lames and Addresses of a	at least one Member or Manager.					
Office Held Name	arries aria / laar esses or l	Street or PO Address	City	State	Country	Postal Code	
MEMBER SCOTT L HUNEYCUTT MD MEMBER CLARK L ALLEN MD MEMBER STEPHEN MARANO MD		2240 E CENTER STREET 2240 E CENTER STREET 3480 WASHINGTON PKWY	POCATELLO POCATELLO IDAHO FALLS	ID ID ID	USA USA USA	83201 83201 83404	
5. Organized Under the Laws of: 6. Annual Report must be signed.*		t be signed.*					
ID	Signature: Clark Al	Signature: Clark Allen		Date: 05/19/2014			
W 52424	Name (type or print): Clark Allen		Title: Member				
Processed 05/19/2014	* Electronically provided signatures are accepted as original signatures.						