

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

To the Secretary of State of the State of Idaho:

Pursuant to the provisions of the Idaho Business Corporation Act, the undersigned corporation organized under the laws of the State of Idaho submits the following statement for the purpose of changing its registered office or its registered agent, or both, in the State of Idaho.

1. The name of the corporation is ~~Lyman B Knutson M D~~
FAMILY PRACTICE RESIDENCY OF EAST IDAHO, INC.
2. The street or RFD address of its present registered office is 1348 East 17th Street,
Idaho Falls, Idaho 83401.
3. The street or RFD address to which its registered office is to be changed is 900 Memorial Drive,
~~XXXXXXXXXXXXXXXXXXXX~~
Idaho Falls, Idaho 83401.
4. The name of its old registered agent is Lyman B. Knutson, M. D.
5. The name of its new registered agent is Edgar D. Vaughn, Executive Director.
6. The address of the registered office and the business address of the registered agent are identical.
7. The foregoing change was authorized by resolution of the board of directors.

Dated December 1, , 19 81 .

IDAHO FALLS CONSOLIDATED HOSPITALS, INC.

By *Gilbert L. Karst*

Its _____ President

STATE OF IDAHO)
COUNTY OF BONNEVILLE) ss:

I, Naida Grimmett , a notary public, do hereby certify that on this
1st day of December , 19 81 , personally appeared
before me Gilbert L. Karst , who being by me first duly sworn,
declared that he is the President of Board of Directors
of IDAHO FALLS CONSOLIDATED HOSPITALS, INC. ,

that he signed the foregoing document as President of the corporation and
that the statements therein contained are true.

Naida Grimmett

Notary Public