

No. <b>W 16341</b>		<b>Due no later than Aug 31, 2010</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> SOUTHEAST IDAHO PUBLIC HOSPITAL COOPERATIVE, LLC JON SMITH 651 MEMORIAL DRIVE POCATELLO ID 83201		JON SMITH 850 EAST YOUNG STREET POCATELLO ID 83201			
				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	D. JEFFREY DANIELS	98 POPLAR STREET	BLACKFOOT	ID	USA	83221	
MEMBER	J. STEVE PERRY	901 ADAMS STREET	AFTON	WY	USA	83110	
MEMBER	JOHN L HOOPES	300 SOUTH 3RD WEST	SODA SPRINGS	ID	USA	83276	
5. Organized Under the Laws of:  <b>ID W 16341</b>		6. Annual Report must be signed.* Signature: Jon Smith Name (type or print): Jon Smith					
		Date: 06/14/2010 Title: Executive Director					
Processed 06/14/2010		* Electronically provided signatures are accepted as original signatures.					