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|--|-------------------|---|------------|---|------------------|-------------|--|
| No. W 44106 | | Due no later than Oct 31, 2007 | | 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. SOUTHERN IDAHO HEALTHCARE COOPERATIVE, L.L.C. PO BOX 1901 TWIN FALLS ID 83301 | | ANNE S TAYLOR PITTS 450 FALLS AVE STE 201 TWIN FALLS ID 83301 | | | |
| | | | | 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 | ROBERT WARD MD | 141 MORRISON ST | TWIN FALLS | ID | USA | 83301 | |
| MEMBER | KURT SEPPI MD | 630 ADDISON AVE W | TWIN FALLS | ID | USA | 83301 | |
| MEMBER | DAVID KEMP MD | 414 SHOUP AVE W | TWIN FALLS | ID | USA | 83301 | |
| MEMBER | BLAKE JOHNSON MD | 714 N COLLEGE RD | TWIN FALLS | ID | USA | 83301 | |
| MEMBER | BRIAN FORTUIN MD | 660 SHOSHONE E | TWIN FALLS | ID | USA | 83301 | |
| MEMBER | DAVID MCCLUSKY MD | 660 SHOSHONE E | TWIN FALLS | ID | USA | 83301 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID W 44106 | | Signature: Robert Ward, M.D. | | | Date: 10/25/2007 | | |
| | | Name (type or print): Robert Ward, M.D. | | | Title: Member | | |
| Processed 10/25/2007 | | * Electronically provided signatures are accepted as original signatures. | | | | | |