

No. <b>C 92154</b>		<b>Due no later than Apr 30, 2009</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>		LARRY T CURTIS MD 253 S MAIN ST STE A DRIGGS ID 83422			
		<b>1. Mailing Address: Correct in this box if needed.</b> TETON VALLEY MEDICAL CENTER, INC. LEORA WOOD PO BOX 800 DRIGGS ID 83422 USA		3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	LARRY T CURTIS	PO BOX 29	DRIGGS	ID	USA	83422	
DIRECTOR	DEBORAH CURTIS	PO BOX 29	DRIGGS	ID	USA	83422	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID C 92154</b>		Signature: Larry T Curtis				Date: 05/05/2009	
		Name (type or print): Larry T Curtis				Title: Owner	
Processed 05/05/2009		* Electronically provided signatures are accepted as original signatures.					