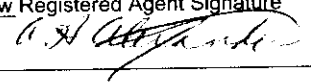
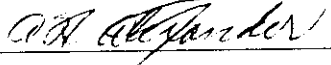
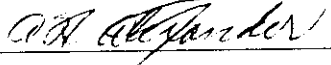
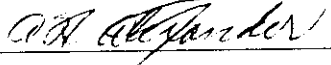


| <b>No. W 9004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Due no later than Jun 30, 2003</b><br><b>Annual Report Form</b>                                                                                                                                                                                                                                                                                            | 2. Registered Agent and Office <b>NO PO BOX</b><br><br><b>A H ALEXANDER MD</b><br><del>333 S MAIN ST STE 207</del><br><i>100 Hospital Dr, Ste 100</i><br><b>KETCHUM, ID 83340</b> |                                                                                               |                     |                                                         |                        |              |            |                  |                          |                  |                |           |              |                            |                                 |                  |                |           |              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------|---------------------------------------------------------|------------------------|--------------|------------|------------------|--------------------------|------------------|----------------|-----------|--------------|----------------------------|---------------------------------|------------------|----------------|-----------|--------------|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1. Mailing Address - Correct in this box if applicable<br><b>WOOD RIVER INDEPENDENT PHYSICIANS,</b><br><br><b>PO BOX 6458</b><br><br><b>KETCHUM, ID 83340</b>                                                                                                                                                                                                 | 3. New Registered Agent Signature<br>                                                          |                                                                                               |                     |                                                         |                        |              |            |                  |                          |                  |                |           |              |                            |                                 |                  |                |           |              |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 15%;"><u>Office held</u></th> <th style="width: 30%;"><u>Name</u></th> <th style="width: 30%;"><u>Street or P.O. Address</u></th> <th style="width: 10%;"><u>City</u></th> <th style="width: 10%;"><u>State</u></th> <th style="width: 15%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td><i>President</i></td> <td><i>Frank Fiaschi, MD</i></td> <td><i>PO B 3069</i></td> <td><i>Ketchum</i></td> <td><i>ID</i></td> <td><i>83340</i></td> </tr> <tr> <td><i>Treasurer/Secretary</i></td> <td><i>Al Herbert Alexander, MD</i></td> <td><i>PO B 6997</i></td> <td><i>Ketchum</i></td> <td><i>ID</i></td> <td><i>83340</i></td> </tr> </tbody> </table> |                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                   | <u>Office held</u>                                                                            | <u>Name</u>         | <u>Street or P.O. Address</u>                           | <u>City</u>            | <u>State</u> | <u>Zip</u> | <i>President</i> | <i>Frank Fiaschi, MD</i> | <i>PO B 3069</i> | <i>Ketchum</i> | <i>ID</i> | <i>83340</i> | <i>Treasurer/Secretary</i> | <i>Al Herbert Alexander, MD</i> | <i>PO B 6997</i> | <i>Ketchum</i> | <i>ID</i> | <i>83340</i> |
| <u>Office held</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <u>Name</u>                                                                                                                                                                                                                                                                                                                                                   | <u>Street or P.O. Address</u>                                                                                                                                                     | <u>City</u>                                                                                   | <u>State</u>        | <u>Zip</u>                                              |                        |              |            |                  |                          |                  |                |           |              |                            |                                 |                  |                |           |              |
| <i>President</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <i>Frank Fiaschi, MD</i>                                                                                                                                                                                                                                                                                                                                      | <i>PO B 3069</i>                                                                                                                                                                  | <i>Ketchum</i>                                                                                | <i>ID</i>           | <i>83340</i>                                            |                        |              |            |                  |                          |                  |                |           |              |                            |                                 |                  |                |           |              |
| <i>Treasurer/Secretary</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <i>Al Herbert Alexander, MD</i>                                                                                                                                                                                                                                                                                                                               | <i>PO B 6997</i>                                                                                                                                                                  | <i>Ketchum</i>                                                                                | <i>ID</i>           | <i>83340</i>                                            |                        |              |            |                  |                          |                  |                |           |              |                            |                                 |                  |                |           |              |
| 5. Organized Under the Laws of:<br><br><div style="text-align: center;"> <b>IDAHO</b><br/> <b>W 9004</b> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 6. <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 60%;">Signature </td> <td style="width: 40%;">Date <i>4/28/03</i></td> </tr> <tr> <td>Name (Typed or Printed) <i>Al Herbert Alexander, MD</i></td> <td>Title <i>Secretary</i></td> </tr> </table> |                                                                                                                                                                                   | Signature  | Date <i>4/28/03</i> | Name (Typed or Printed) <i>Al Herbert Alexander, MD</i> | Title <i>Secretary</i> |              |            |                  |                          |                  |                |           |              |                            |                                 |                  |                |           |              |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Date <i>4/28/03</i>                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                   |                                                                                               |                     |                                                         |                        |              |            |                  |                          |                  |                |           |              |                            |                                 |                  |                |           |              |
| Name (Typed or Printed) <i>Al Herbert Alexander, MD</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Title <i>Secretary</i>                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                   |                                                                                               |                     |                                                         |                        |              |            |                  |                          |                  |                |           |              |                            |                                 |                  |                |           |              |