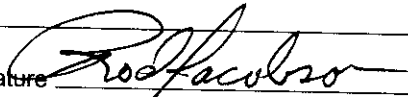


No. C 124098	Due no later than May 31, 2001			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form		2. Registered Agent and Office NO PO BOX	
	1. Mailing Address - Correct in this box, if applicable BEAR LAKE COUNTY PHYSICIAN-HOSPITAL 164 SOUTH 5TH MONTPELIER, ID 83254		ROD JACOBSON 164 SOUTH 5TH MONTPELIER, ID 83254 3. <u>New</u> Registered Agent Signature	
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.				
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u> <u>Zip</u>
Pres/Director	Clay Campbell m.d	822 Monroe	Montpelier	ID 83254
S/Director	Rod Jacobson	163 Valley View	" "	" "
Director	Mary Bateman	350 N. main	Bloomington,	ID 83223
5. Organized Under the Laws of: IDAHO C 124098		6.  Signature _____ Date <u>3-12-01</u> Name (Typed or Printed) <u>Rod Jacobson</u> Title: <u>Admin/Director</u> XXXX		

Issued 03/01/2001

Do Not Tape or Staple

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