

No. W 8745	Annual Report Form 1999 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct RIGBY FAMILY MEDICAL CENTER, BRYAN D HAMMAR 182 S CLARK ST RIGBY ID 83442		BRYAN D HAMMAR 182 S CLARK ST RIGBY ID 83442 3. Organized Under the Laws of: ID W 8745																			
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input checked="" type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>managing member</td> <td>Bryan D Hammar</td> <td>3823 E 38 N</td> <td>Rigby</td> <td>ID</td> <td>83442</td> </tr> <tr> <td>member</td> <td>Ruth Hammar</td> <td>3823 E 38 N</td> <td>Rigby</td> <td>ID</td> <td>83442</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	managing member	Bryan D Hammar	3823 E 38 N	Rigby	ID	83442	member	Ruth Hammar	3823 E 38 N	Rigby	ID	83442
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5. Signature of New Registered Agent		6. Signature <u>B. Hammar</u> Date <u>7/14/99</u> Name (Typed or Printed) <u>Bryan D Hammar, DO</u> Title <u>manager</u>																				

ISSUED: 07-03-1999

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