No. C 121346		Due no later than Oct 31, 2000 Annual Report Form 1. Mailing Address - Correct in this box, if applicable FRANKLIN COUNTY PHYSICIAN-HOSPITAL			2. Registered Agent and Office NO PO BOX MICHAEL G ANDRUS 44 N 1ST E	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON						
PO BOX 83720 BOISE, ID 83720-0080		44 N 1ST E			PRESTON, ID 83263	
NO FILING FEE IF		PRESTON, ID 83263		3	3. New Registered Agent Signature	
RECEIVED BY D						
 Corporation 	s: Enter Nam	nes and Busine	ess Addresses of President, Se	ecretary a	and Directors.	
Office held	<u>Name</u>	<u>Street</u>	or P.O. Address	City	<u>State</u>	<u>Zip</u>
President			44 North 100 East	Prest		83263
Secretary Board of	Kelly E.	Bowles	5278 South 1400 West	Prest	on ID	83263
Directors				Prest		83263
	-	Bowles i B. Beckst		Prest	on ID	83263
			41 North 100 East	Prest	on ID	83263
5. Organized Under the	ne Laws of:	6.	- L. D W	~V.		
.=-	AHO	Sig	nature Port	r Jun	Date	2-27-00
C	121346 	Nar	me (Typed of Jay R. McK.enz	ie	Title: At	ttorney
Issued 08/01/2000			Do Not Tape or Staple			750