

No. W 13099		Due no later than Oct 31, 2013		2. Registered Agent and Address (NO PO BOX)			
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		STEPHEN MALOFF MD 500 SOUTH 11TH AVENUE STE. 503 POCATELLO ID 83201			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		SOUTHEASTERN IDAHO PHYSICIAN-HOSPITAL ORGANIZATION, L.L.C. ROBERT CUOIO 500 SOUTH 11TH AVENUE STE. 503 POCATELLO ID 83201					
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	PORTNEUF MEDICAL CENTER	777 HOSPITAL WAY	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 13099		Signature: Robert Cuoio			Date: 09/24/2013		
		Name (type or print): Robert Cuoio			Title: Executive Director		
Processed 09/24/2013		* Electronically provided signatures are accepted as original signatures.					