

No. W 50180		Due no later than May 31, 2007		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 1. Mailing Address: Correct in this box if needed. SLATE MOUNTAIN, LLC. PATRICK M HERMANSON 651 MEMORIAL DR POCATELLO ID 83201		PATRICK M HERMANSON 651 MEMORIAL DR POCATELLO ID 83201	
				3. <u>New</u> Registered Agent Signature:*	
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
MEMBER	PORTNEUF MEDICAL CENTER	651 MEMORIAL DR	POCATELLO	ID	83201
5. Organized Under the Laws of: IDAHO W 50180		6. Annual Report must be signed.* Signature: Patrick M. Hermanson Name (type or print): Patrick M. Hermanson Date: 05/18/2007 Title: CEO/Administrator			
Processed 05/18/2007		* Electronically provided signatures are accepted as original signatures.			