No. W 13099	Due no later than Occ 3., 200	2. Registered Agent and Office NO PO BOX
Return to:	Annual Report Form	WILLY HAAVE WILLIAM F. BAKON
SECRETARY OF STATE 700 WEST JEFFERSON	Mailing Address - Correct in this box, if applicable SOUTHEASTERN IDAHO PHYSICIAN-HOSPIT	SOPULLARS AltoLNEY
PO BOX 83720 BOISE, ID 83720-0080	1600 ARLINGTON	IGGG ARINGTON BLACKFOOT, ID 83221
NO FILING FEE IF	POCATELLO, ID 83204	3. New Registered Agent Signature
RECEIVED BY DUE DATE		Sull Registered Agent Signature
<ol> <li>Limited Liability Compa</li> </ol>	anies: Enter Names and Addresses of Managers.	700. 0
Office held Name		
- Name	Street or P.O. Address City	State Zip
MANAGER POT HERM	uonson 650 Menorial Boats  Drive	ecco IOAHO 83201
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	<b>,</b> ,	
Organized Under the Laws of:	6. B.	
Organized Under the Laws of:		Date 8.9.61
Organized Under the Laws of:	6. B.	Date B. 9.61  Title ATTORNEY

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