

No. W 13099		Due no later than Oct 31, 2009		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		RICHELLE HELDWEIN 1855 TAGHEE LANE POCATELLO ID 83204	
		1. Mailing Address: Correct in this box if needed. SOUTHEASTERN IDAHO PHYSICIAN-HOSPITAL ORGANIZATION, L.L.C. RICHELLE HELDWEIN PO BOX 4182 POCATELLO ID 83205 USA		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
MANAGER	RICHELLE HELDWEIN	P.O. BOX 4182	POCATELLO	ID	USA 83205
5. Organized Under the Laws of: ID W 13099		6. Annual Report must be signed.* Signature: Richelle Heldwein Name (type or print): Richelle Heldwein Date: 08/14/2009 Title: Executive Director			
Processed 08/14/2009		* Electronically provided signatures are accepted as original signatures.			