	Due no later than Oct 31, 2001 Annual Report Form			Registered Agent and Office NO PO BOX MICHAEL G ANDRUS		
No. C 121346			MIC			
Poturn to:	Mailing Address - Correct in this box, if applicable FRANKLIN COUNTY PHYSICIAN-HOSPITAL 44 N 1ST E		e 44	PRESTON, ID 83263 3. New Registered Agent Signature		
SECRETARY OF STATE 700 WEST JEFFERSON			l l			
PO BOX 83720 BOISE, ID 83720-0080			3. <u>N</u>			
	PRESTON, ID 83263		1			
NO FILING FEE IF				d Directors		
RECEIVED BY DUE DATE	mes and Busi	ness Addresses of President, S	secretary ar	IO DIFECTORS.	7in	
4. Corporations. Enter Na	Street or P.O. Address		City	State	<u>Zip</u>	
Secretary Kelly E.	Stree	44 North 100 East 5278 South 1400 West	Preston	ID	83263	
	G. Andrus		Preston	TD	83263	
	DOWLES		T) -4-m	ID	83263	
	G. Andrus	44 NOrth 100 East 5278 South 1400 West	Preston Preston		83263	
Dr. Davi Beckst	d B.	41 North 100 East	Prestor	n ID	83263	
	ead	6. Signature Tay R. McKen	. W=	Lugate 1	0-25-2001 ttorney	
Issued 08/01/2001	<u></u>	Do Not Tape or Staple				