

No. W 21521	Due no later than November 30, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX LOUIS KRAML 98 POPLAR ST BLACKFOOT, ID 83221
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable MOUNTAIN RIVER BIRTHING AND SURGERY 98 POPLAR ST BLACKFOOT, ID 83221		3. <u>New</u> Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Louis Kraml	98 Poplar Street	Blackfoot	ID	83221
Treasurer	John Fullmer	98 Poplar Street	Blackfoot	ID	83221
Trustee	Howard Harrington	98 Poplar Street	Blackfoot	ID	83221
Trustee	Gordon Arave	98 Poplar Street	Blackfoot	ID	83221
Trustee	Dr. Brian Carrigan	98 Poplar Street	Blackfoot	ID	83221

5. Organized Under the Laws of: IDAHO W 21521	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Signature <u><i>LD Kraml</i></u></td> <td style="width: 60%;">Date <u>10-12-05</u></td> </tr> <tr> <td>Name <small>(Typed or Printed)</small> <u>LD KRAML</u></td> <td>Title <u>PRES</u></td> </tr> </table>	Signature <u><i>LD Kraml</i></u>	Date <u>10-12-05</u>	Name <small>(Typed or Printed)</small> <u>LD KRAML</u>	Title <u>PRES</u>
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