

No. W 21521		Due no later than Nov 30, 2012		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		JEFF DANIELS 98 POPLAR ST BLACKFOOT ID 83221-1758			
		1. Mailing Address: Correct in this box if needed. MOUNTAIN RIVER BIRTHING AND SURGERY CENTER, LLC JEFF DANIELS 98 POPLAR ST BLACKFOOT ID 83221 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	
MEMBER	LOUIS KRAML	98 POPLAR STREET	BLACKFOOT	ID	USA	83221	
MANAGER	JEFF DANIELS	98 POPLAR	BLACKFOOT	ID	USA	83221-1758	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 21521		Signature: Jeff Daniels			Date: 10/08/2012		
		Name (type or print): Jeff Daniels			Title: Agent		
Processed 10/08/2012		* Electronically provided signatures are accepted as original signatures.					