

No. W 4319 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than Jul 31, 2000 Annual Report Form 1. Mailing Address - Correct in this box, if applicable REXBURG FAMILY MEDICAL CENTER, P.L. #1 PROFESSIONAL PLAZA REXBURG, ID 83440	2. Registered Agent and Office NO PO BOX MICHAEL M PACKER M.D. #1 PROFESSIONAL PLAZA REXBURG, ID 83440 3. <u>New</u> Registered Agent Signature
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4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
MANAGER	Michael Packer	#1 PROFESSIONAL PLAZA	REXBURG,	ID	83440

5. Organized Under the Laws of: IDAHO W 4319	6. <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 60%;">Signature <u>M. Packer</u></td> <td style="width: 40%;">Date <u>5/19/00</u></td> </tr> <tr> <td>Name <small>(Typed or Printed)</small> <u>MICHAEL PACKER</u></td> <td>Time <u>0800</u></td> </tr> </table>	Signature <u>M. Packer</u>	Date <u>5/19/00</u>	Name <small>(Typed or Printed)</small> <u>MICHAEL PACKER</u>	Time <u>0800</u>
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Issued 05/10/2000

Do Not Tape or Staple