No. C 8378	-	Due no later than May 31, 2011 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE ID 83702 3. New Registered Agent Signature.			
Return to:	Annu						
SECRETARY OF STA 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-00	WEST VALLEY MED LEGAL DEPT	1. Mailing Address: Correct in this box if needed. WEST VALLEY MEDICAL CENTER, INC. LEGAL DEPT PO BOX 750 NASHVILLE TN 37202					
NO FILING FEE IN	NASHVILLE TN 37						
	er Names and Business Address	•					
Office Held (Director)	Name	Street or PO Address	City	State	Country	Postal Cod	
President	Samuel N. Hazen	One Park Plaza	Nashville	TN	US	37203	
Secretary Thassare	Dora A. Blackwood	One Park Plaza	Nashville	TN	US	37203	
Treasurer	David G. Anderson	One Park Plaza	Nashville	TN	US	37203	
Director	Jöhn M. Fitanck II	One Park Plaza	Nashville	TN	US	37203	
Director	Donald W. Stinnett	One Park Plaza	Mashville	TN	US	37203	
5. Organized Under the Laws of: IDAHO Signature: Manual					Date:	5//8/// ce Pres.	
C 837	Name (type or p	print): Dora A. Blackwe	bod		i ide	Sec.	
Issued 03/30/2011 by							

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM