

No. W 16341		Due no later than Aug 31, 2013		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		JON SMITH 500 SOUTH 11TH AVENUE SUITE 503 POCATELLO ID 83201			
		1. Mailing Address: Correct in this box if needed. SOUTHEAST IDAHO PUBLIC HOSPITAL COOPERATIVE, LLC JON SMITH 500 SOUTH 11TH AVENUE SUITE 503 POCATELLO ID 83201		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	D. JEFFREY DANIELS	98 POPLAR STREET	BLACKFOOT	ID	USA	83221	
MEMBER	JOHN L HOOPES	300 SOUTH 3RD WEST	SODA SPRINGS	ID	USA	83276	
MEMBER	MICHAEL ANDRUS	44 NORTH 100 EAST	PRESTON	ID	USA	83263	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 16341		Signature: Jon Smith		Date: 06/26/2013			
		Name (type or print): Jon Smith		Title: Executive Director			
Processed 06/26/2013		* Electronically provided signatures are accepted as original signatures.					