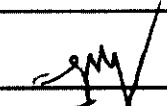


No. C 43599	Annual Report Form 1998 <i>Due No Later Than November 30,</i>	2. Registered Agent and Office NOT A P.O. BOX C. JEFFREY ZOLLINGER 393 EAST SECOND NORTH REXBURG ID 83440
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address Please Correct, If Not Correct REXBURG MEDICAL CENTER PROFE C JEFFREY ZOLLINGER 393 EAST SECOND NORTH REXBURG ID 83440	3. Organized Under the Laws of: ID C 43599
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)		
<u>Office held</u> PRESIDENT	<u>Name</u> C. JEFFREY ZOLLINGER	<u>Street or P.O. Address</u> 950 GREENHAVEN
<u>City</u> REXBURG	<u>State</u> ID	<u>Zip</u> 83440
5. Signature of New Registered Agent	6. Signature  Date <u>7-13-98</u> Name (Typed or Printed) <u>C. JEFFREY ZOLLINGER</u> Title <u>PRES.</u>	

ISSUED: 07-03-1998

↓ DO NOT TAPE OR STAPLE ↓

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