o. W 2354		Annual Report Form 1 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX		
eturn to: SECRETARY OF STATE	1 Mailing A	dgrass Please Correct If Not Correct		ERVICE CO APITOL BL		
00 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	DONAL	IDAHO HEALTH PARTNERS LLC DONALD R BJORNSON, M.D. 1904 JENNIE LEE		ID	83702	
NO FEE REQUIRED	1,704			3. Organized Under the Laws of:		
FIRST NOTICE	E * IDAH	FALLS ID 83404	ID	W 2	2354	
		dresses of President, Secretary and Direct d Addresses of X Managers or Q Me	tors mbers (check one)			
Office held	Name	Street or P.O. Address	<u>City</u>	State	<u>Zip</u>	
PLEAS	E NOTE IHP		CHANNING WAY FALLS, ID.		00	
Signature of New Rec	gistered Agent	6. Signature DER K	ate	10.13	. 9 P	
		Name (Typed or DONALD R. BJ		IHP MD	EXECUTI	
ISSUED: 07	-03-1999			2093		
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