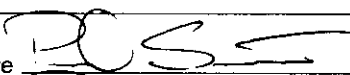


No. C 121346	Due no later than Oct 31, 2002 Annual Report Form	2. Registered Agent and Office NO PO BOX MICHAEL G ANDRUS 44 N 1ST E PRESTON, ID 83263
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable FRANKLIN COUNTY PHYSICIAN-HOSPITAL 44 N 1ST E PRESTON, ID 83263	3. <u>New</u> Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
PRES. / CEO	MICHAEL G. ANDRUS	44 N 1ST E	PRESTON	ID	83263
SECRETARY	KELLY E BOWLES	5278 S. 1400 W.	PRESTON	ID	83263
BOARD OF	MICHAEL G. ANDRUS	44 N 1ST E	PRESTON	ID	83263
DIRECTORS	KELLY E BOWLES	5278 S. 1400 W.	PRESTON	ID	83263
	DR. DAVID BECKSTAD	41. N. 100 E	PRESTON	ID	83263

5. Organized Under the Laws of: IDAHO C 121346	6. Signature  Name (Typed or Printed) <u>PAUL SMART</u> Date <u>12/13/2002</u> Title <u>HOSP. TAL CFO</u>
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