

No. W 8745	Due no later than May 31, 2001 Annual Report Form	2. Registered Agent and Office NO PO BOX BRYAN D HAMMAR 182 S CLARK ST RIGBY, ID 83442												
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 RIGBY FAMILY MEDICAL CENTER, P.L.L. BRYAN D HAMMAR 182 S CLARK ST RIGBY, ID 83442	3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Members. <table style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>MEMBER</td> <td>BRYAN D. HAMMAR</td> <td>3833 E. 38 N.</td> <td>RIGBY</td> <td>Idaho</td> <td>83442</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	MEMBER	BRYAN D. HAMMAR	3833 E. 38 N.	RIGBY	Idaho	83442
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
MEMBER	BRYAN D. HAMMAR	3833 E. 38 N.	RIGBY	Idaho	83442									
5. Organized Under the Laws of: <div style="text-align: center;">IDAHO</div>	6. Signature <u><i>B. D. Hammar</i></u> Date <u>5/9/01</u> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <u>BRYAN D. HAMMAR</u> Title: <u>MEMBER</u> </div>													