

No. W 16341	Due no later than Aug 31, 2011 Annual Report Form		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	1. Mailing Address: Correct in this box if needed.		JON SMITH 850 EAST YOUNG STREET POCATELLO ID 83201			
	SOUTHEAST IDAHO PUBLIC HOSPITAL COOPERATIVE, LLC JON SMITH 651 MEMORIAL DRIVE 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	J. STEVE PERRY	901 ADAMS STREET	AFTON	WY	USA	83110
MEMBER	JOHN L HOOPEs	300 SOUTH 3RD WEST	SODA SPRINGS	ID	USA	83276
5. Organized Under the Laws of: ID W 16341	6. Annual Report must be signed.*					
		Signature: Jon Smith	Date: 06/14/2011			
		Name (type or print): Jon Smith	Title: Executive Director			
Processed 06/14/2011		* Electronically provided signatures are accepted as original signatures.				