

No. <b>W 118090</b>		<b>Due no later than Oct 31, 2015</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705			
		<b>1. Mailing Address: Correct in this box if needed.</b> EASTERN IDAHO REGIONAL MEDICAL CENTER INPATIENT SERVICES, LLC SHIRLEY SCHARF ONE PARK PLAZA LEGAL DEPARTMENT NASHVILLE TN 37203		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	
MANAGER	WILLIAM B RUTHERFORD	ONE PARK PLAZA	NASHVILLE	TN	USA	37203	
MANAGER	DONALD W STINNETT	ONE PARK PLAZA	NASHVILLE	TN	USA	37203	
MANAGER	JOHN M FRANCK II	ONE PARK PLAZA	NASHVILLE	TN	USA	37203	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 118090</b>		Signature: John M. Franck II			Date: 09/18/2015		
		Name (type or print): John M. Franck II			Title: Manager		
Processed 09/18/2015		* Electronically provided signatures are accepted as original signatures.					