

No. W 118090		Due no later than Oct 31, 2015 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		1. Mailing Address: Correct in this box if needed. EASTERN IDAHO REGIONAL MEDICAL CENTER INPATIENT SERVICES, LLC SHIRLEY SCHARF ONE PARK PLAZA LEGAL DEPARTMENT NASHVILLE TN 37203		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705			
NO FILING FEE IF RECEIVED BY DUE DATE				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: ID W 118090		6. Annual Report must be signed.* Signature: John M. Franck II Name (type or print): John M. Franck II Date: 09/18/2015 Title: Manager					
Processed 09/18/2015 * Electronically provided signatures are accepted as original signatures.							