No. <b>J 49</b>		Due no later than Jan 31, 2012		2. Registered	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		Annual Report Form  1. Mailing Address: Correct in this box if needed.  BOISE MEDICAL CENTER, LLP EDDY MCLANE 425 W BANNOCK ST BOISE ID 83702 USA		PHILIP D 3 425 W BAN BOISE ID	PHILIP D JENSEN MD 425 W BANNOCK ST BOISE ID 83702  3. New Registered Agent Signature:*			
RECEIVED BY DU								
		ames and Business	Addresses of two (2) or more partners					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PARTNER	MATTHEW R SERICATI		425 W BANNOCK ST	BOISE	ID	USA	83702	
PARTNER	PAUL H BAEHR		425 W BANNOCK ST	BOISE	ID	USA	83702	
PARTNER	ELLEN B HUNTER		425 W BANNOCK ST	BOISE	ID	USA	83702	
PARTNER	MARK L LLOYD		425 W BANNOCK ST	BOISE	ID	USA	83702	
PARTNER	RICHARD F UHLMANN		425 W BANNOCK ST	BOISE	ID	USA	83702	
PARTNER	JOHN T WITTE		425 W BANNOCK ST	BOISE	ID	USA	83702	
PARTNER	DAVID W WOOD		425 W BANNOCK ST	BOISE	ID	USA	83702	
PARTNER	BONNIE KIM WAITE		425 W BANNOCK ST	BOISE	ID	USA	83702	
PARTNER	RTNER PHILIP D JENSEN		425 W BANNOCK ST	BOISE	ID	USA	83702	
PARTNER	CHAD A MC	PRSE	425 W BANNOCK ST	BOISE	ID	USA	83702	
5. Organized Under the Laws of: 6		6. Annual Report must be signed.*						
ID J 49		Signature: Philip Jensen			Date: 01/20/2012			
		Name (type or print): Philip Jensen			Title: Partner			
Processed 01/20/2012		* Electronically pro	vided signatures are accepted as origin	nal signatures.				