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|--|--|---|---|-------|---------|-------------|
| No. <b>C 150283</b>  | <b>Due no later than Aug 31, 2007</b><br><b>Annual Report Form</b>   |   | 2. Registered Agent and Address <b>(NO PO BOX)</b>                                  |       |         |             |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> | <b>1. Mailing Address: Correct in this box if needed.</b><br>WESTVET, PC<br>JEFF D BROURMAN<br>5019 N SAWYER AVE<br>GARDEN CITY ID 83714 |   | BUSINESS FILINGS INCORPORATED<br>1111 W JEFFERSON STE 530<br>BOISE ID 83702-<br>USA |       |         |             |
|  |  |   | 3. <u>New</u> Registered Agent Signature:*  |       |         |             |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |  |   |   |       |         |             |
| Office Held  | Name   | Street or PO Address  | City  | State | Country | Postal Code |
| SECRETARY  | ANN M SELANDER   | 5019 N. SAWYER AVE.   | GARDEN CITY   | ID    | USA     | 83714       |
| PRESIDENT  | JEFF D BROURMAN  | 5019 N SAWYER AVE   | GARDEN CITY   | ID    | USA     | 83714       |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 150283</b>  | 6. Annual Report must be signed.*<br>Signature: Ann Selander<br>Name (type or print): Ann Selander                                       |   | Date: 09/12/2007<br>Title: Hospital Administrator                                   |       |         |             |
| Processed 09/12/2007   |  | * Electronically provided signatures are accepted as original signatures. |   |       |         |             |