No. W 55046

**Due no later than October 31, 2007**

**Annual Report Form**

Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

**NO FILING FEE IF RECEIVED BY DUE DATE**

1. Mailing Address - Correct in this box, if applicable

DOCTORS AND HOSPITAL HEALTH SYSTEM
LOUIS KRAML
98 POPLAR ST
BLACKFOOT, ID 83221

2. Registered Agent and Office NO PO BOX

LOUIS KRAML
98 POPLAR ST
BLACKFOOT, ID 83221

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

| Office held | Name | Street or P.O. Address | City | State | Zip |
|---|---|---|---|---|---|
| President | Louis Kraml | 98 Poplar Street | Blackfoot | ID | 83221 |
| Vice President | Jake Erickson | 98 Poplar Street | Blackfoot | ID | 83221 |
| Sec/Treasurer | Jeff Daniels | 98 Poplar Street | Blackfoot | ID | 83221 |

5. Organized Under the Laws of:
IDAHO
W 55046

6.
Signature _____ Date _____
Name (Typed or Printed) _____ Title _____

Issued 08/02/2007

**Do Not Tape or Staple**

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