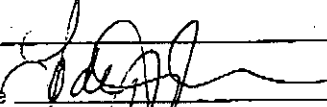


No. C 68323	Due no later than Nov 30, 2002		2. Registered Agent and Office NO PO BOX		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	Annual Report Form		JODY TREMBLAY 666 SHOSHONE STREET EAST TWIN FALLS, ID 83301		
	1. Mailing Address - Correct in this box, if applicable TWIN FALLS CLINIC AND HOSPITAL, INC JODY TREMBLAY 666 SHOSHONE ST E TWIN FALLS, ID 83301				
NO FILING FEE IF RECEIVED BY DUE DATE			3. <u>New</u> Registered Agent Signature		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
PRESIDENT -	ROBERT WARD, M.D.	660 SHOSHONE ST. E.	TWIN FALLS	ID	83301
SECRETARY -	HOWARD SCHAFF, M.D.	660 SHOSHONE ST. E.	TWIN FALLS	ID	83301
VICE CHAIRMAN -	JOHN SHUSS, M.D.	660 SHOSHONE ST. E.	TWIN FALLS	ID	83301
BOARD MEMBER -	RICHARD SANDISON, M.D.	660 SHOSHONE ST. E.	TWIN FALLS, ID	ID	83301
5. Organized Under the Laws of:					6.
IDAHO C 68323					Signature  Date <u>11/27/02</u> Name (Typed or Printed) <u>Jody H. Tremblay</u> Title <u>Administrator</u>

Issued 09/02/2002

S. H. T. or State

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