

|                                                                                                                                                   |                                                                                                                                                                     |  |                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------|
| No. <b>W 6415</b>                                                                                                                                 | <b>Annual Report Form 1999</b><br><i>Due No Later Than November 30.</i>                                                                                             |  | 2. Registered Agent and Office <b>NOT A P.O. BOX</b>                        |
|                                                                                                                                                   | 1. Mailing Address - Please Correct, If Not Correct<br><b>SOUTHERN IDAHO MEDICAL PARK,<br/>DR WILLIAM BILL FITZHUGH<br/>589 SHOUP AVE W<br/>TWIN FALLS ID 83301</b> |  | <b>DR WILLIAM BILL FITZHUGH<br/>589 SHOUP AVE W<br/>TWIN FALLS ID 83301</b> |
| Return to:<br><b>SECRETARY OF STATE<br/>700 WEST JEFFERSON<br/>PO BOX 83720<br/>BOISE, ID 83720-0080<br/>NO FEE REQUIRED<br/>* FIRST NOTICE *</b> |                                                                                                                                                                     |  | 3. Organized Under the Laws of:<br><b>ID W 6415</b>                         |

4. Corporations: Enter Names and Business Addresses of **President, Secretary and Directors**  
Limited Liability Companies: Enter Names and Addresses of ☒ **Managers** or ☐ **Members** (check one)

| <u>Office held</u> | <u>Name</u>            | <u>Street or P.O. Address</u> | <u>City</u>    | <u>State</u> | <u>Zip</u> |
|--------------------|------------------------|-------------------------------|----------------|--------------|------------|
| Chairman           | William Fitzhugh, MD   | 609 Concordia Circle          | Twin Falls, ID | 83301        |            |
| Vice Chairman      | John Howar, MD         | 3054 Boehm Estates            | Twin Falls, ID | 83301        |            |
| Secretary          | Scott Allan, MD        | 2923 Skyline Dr               | Twin Falls, ID | 83301        |            |
| Mgmt Cmt Mbr       | James Retmier, MD      | 1173 Hankins Rd N             | Twin Falls, ID | 83301        |            |
| Mgmt Cmt Mbr       | Frederick Surbaugh, MD | 3359 Woodridge Dr             | Twin Falls, ID | 83301        |            |

5. Signature of New Registered Agent

6.

Signature

Date **7-23-99**

Name

(Type or  
Printed)

**William Fitzhugh, MD**

Title **Chairman**

ISSUED: 07-03-1999

905