No. C113979		Annual Report Form Due No Later Than November 30.	1999	2. Registered Agent and	d Office NOT A P.O. BOX
Return to:	1. Mailing /	Address - Please Correct, If Not Correct		KEVIN BET	TTIS Verview da
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	KEVI	RIVER CITY MEDICAL CAMPUS AS KEVIN BETTIS 5250 W RIVERVIEW DR		POST FALLS	
NO FEE REQUIRED	3230	5250 W RIVERVIEW DR	3. Organized Under the	: Laws of:	
** FINAL NOTIC		FALLS ID 8385		ID	c113979
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)					
Office held	<u>N</u> ame	Street or P.O. Address		City	State Zip
Office held Name Street or P.O. Address City State Zip Member Allen boodall W. 103 Handen PostFalls ID 83854 Member Terest boodall					
member To	eresq bood	al)			
member Ku	In Bet	4.8 > 5250 W.R	a en	Dest	als Tb
member Ru			tu ero a	\ 031 +	63854
5. New Registered Age	nt Signature	6. Signature	<u> </u>	Date L	1/10/29 .
·		Name (Typed of + L b. ~	52+	<u>ჩა Titleტ</u>	rember /
ISSUED: 10	-01-1999	•	· · · · · · · · · · · · · · · · · · ·	120	070
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