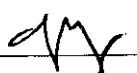


No. C 43599	Due no later than Apr 30, 2003 Annual Report Form	2. Registered Agent and Office NO PO BOX C. JEFFREY ZOLLINGER 393 EAST SECOND NORTH REXBURG, ID 83440												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable REXBURG MEDICAL CENTER PROFESSIONAL C JEFFREY ZOLLINGER 393 EAST SECOND NORTH REXBURG, ID 83440	3. <u>New</u> Registered Agent Signature												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Office held</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Name</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Street or P.O. Address</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>City</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>State</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;">Pres.</td> <td style="vertical-align: top;">C. Jeffrey Zollinger</td> <td style="vertical-align: top;">950 Greenhaven</td> <td style="vertical-align: top;">Rexburg</td> <td style="vertical-align: top;">ID</td> <td></td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Pres.	C. Jeffrey Zollinger	950 Greenhaven	Rexburg	ID	
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
Pres.	C. Jeffrey Zollinger	950 Greenhaven	Rexburg	ID										
5. Organized Under the Laws of: IDAHO C 43599	6. Signature  Date <u>2/21/03</u> Name <small>(Typed or Printed)</small> <u>C. Jeffrey Zollinger</u> Title <u>President</u>													