

No. C 43599	Due no later than Apr 30, 2003 Annual Report Form		2. Registered Agent and Office NO PO BOX		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable REXBURG MEDICAL CENTER PROFESSIONAL C JEFFREY ZOLLINGER 393 EAST SECOND NORTH REXBURG, ID 83440		C. JEFFREY ZOLLINGER 393 EAST SECOND NORTH REXBURG, ID 83440		
NO FILING FEE IF RECEIVED BY DUE DATE	REXBURG, ID 83440		3. New 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>
Pres.	C Jeffrey Zollinger	950 Greenhawer	REXBURG	ID	
5. Organized Under the Laws of:	6.				
IDAHO C 43599	Signature <u>CM</u> Date <u>2/27/03</u> Name <small>(Typed or Printed)</small> <u>C. Jeffrey Zollinger</u> Title <u>President</u>				