

No. W 16341		Due no later than Aug 31, 2014 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
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 needed. SOUTHEAST IDAHO PUBLIC HOSPITAL COOPERATIVE, LLC ROBERT CUOIO 500 SOUTH 11TH AVENUE SUITE 503 POCATELLO ID 83201		JON SMITH 500 SOUTH 11TH AVENUE SUITE 503 POCATELLO ID 83201			
				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	BRENDA REES	651 MEMORIAL DR	POCATELLO	ID	USA	83201	
MEMBER	D. JEFFREY DANIELS	98 POPLAR STREET	BLACKFOOT	ID	USA	83221	
MEMBER	J. STEVE PERRY	901 ADAMS STREET	AFTON	WY	USA	83110	
MEMBER	JOHN L HOOPEES	300 SOUTH 3RD WEST	SODA SPRINGS	ID	USA	83276	
MEMBER	MICHAEL ANDRUS	44 NORTH 100 EAST	PRESTON	ID	USA	83263	
5. Organized Under the Laws of: ID W 16341		6. Annual Report must be signed.* Signature: Robert Cuoio Name (type or print): Robert Cuoio Date: 06/16/2014 Title: Executive Director					
Processed 06/16/2014		* Electronically provided signatures are accepted as original signatures.					