

No. <b>C124822</b>	<b>Annual Report Form</b> 1999 Due No Later Than November 30,		2. Registered Agent and Office <b>NOT A P.O. BOX</b>																																																						
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>	1. Mailing Address - Please Correct If Not Correct  <div style="border: 1px solid black; padding: 5px; margin: 5px;">           LEMHI MEDICAL CENTER, INC.  <del>KAY SPRINGER</del> <i>CARL HECKENDORF</i>  <del>811 MAIN ST</del> <i>P.O. BOX 700</i> </div>		<div style="border: 1px solid black; padding: 5px; margin: 5px;"> <del>KAY SPRINGER</del>  <del>811 MAIN ST</del> <i>CARL HECKENDORF</i>  <del>P.O. BOX 700</del>            SALMON ID 83467         </div>																																																						
	<div style="border: 1px solid black; padding: 5px; margin: 5px;"> <b>* FIRST NOTICE *</b>      <b>SALMON</b>      <b>ID 83467</b> </div>		3. Organized Under the Laws of:  <div style="border: 1px solid black; padding: 5px; margin: 5px;"> <b>ID</b>      <b>C124822</b> </div>																																																						
4. Corporations: Enter Names and Business Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)																																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">Office held</th> <th style="width:20%;">Name</th> <th style="width:30%;">Street or P.O. Address</th> <th style="width:15%;">City</th> <th style="width:10%;">State</th> <th style="width:15%;">Zip</th> </tr> </thead> <tbody> <tr> <td>CHAIRMAN</td> <td>CARL HECKENDORF</td> <td>RT 1 BOX 116A</td> <td>SALMON</td> <td>ID</td> <td>83567</td> </tr> <tr> <td>SECRETARY</td> <td>ROGER K. RIFE</td> <td>RT 1 BOX 235B</td> <td>SALMON</td> <td>ID</td> <td>83467</td> </tr> <tr> <td>MEMBER</td> <td>JIM SKINNER</td> <td>RT 1 BOX 27</td> <td>SALMON</td> <td>ID</td> <td>83467</td> </tr> <tr> <td>MEMBER</td> <td>DOUG CASEY</td> <td>501 LENA ST.</td> <td>SALMON</td> <td>ID</td> <td>83467</td> </tr> <tr> <td>MEMBER</td> <td>SALLY EDWARDS</td> <td>P.O. BOX 747</td> <td>SALMON</td> <td>ID</td> <td>83467</td> </tr> <tr> <td>MEMBER</td> <td>LARRY WHITE</td> <td>500 W. BROADWAY</td> <td>MISSOULA</td> <td>MT</td> <td>59806</td> </tr> <tr> <td>MEMBER</td> <td>JAKE BLOCK</td> <td>500 W. BROADWAY</td> <td>MISSOULA</td> <td>MT</td> <td>59806</td> </tr> <tr> <td>MEMBER</td> <td>MARTIN BURKE</td> <td>500 W. BROADWAY</td> <td>MISSOULA</td> <td>MT</td> <td>59806</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	CHAIRMAN	CARL HECKENDORF	RT 1 BOX 116A	SALMON	ID	83567	SECRETARY	ROGER K. RIFE	RT 1 BOX 235B	SALMON	ID	83467	MEMBER	JIM SKINNER	RT 1 BOX 27	SALMON	ID	83467	MEMBER	DOUG CASEY	501 LENA ST.	SALMON	ID	83467	MEMBER	SALLY EDWARDS	P.O. BOX 747	SALMON	ID	83467	MEMBER	LARRY WHITE	500 W. BROADWAY	MISSOULA	MT	59806	MEMBER	JAKE BLOCK	500 W. BROADWAY	MISSOULA	MT	59806	MEMBER	MARTIN BURKE	500 W. BROADWAY	MISSOULA	MT	59806
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5. Signature of New Registered Agent  <div style="border: 1px solid black; padding: 5px; margin: 5px;"> </div>		6.  <div style="border: 1px solid black; padding: 5px; margin: 5px;">           Signature  Date <b>7-28-99</b>             Name (Typed or Printed) <b>ROGER K. RIFE</b> Title <b>SECRETARY</b> </div>																																																							

ISSUED: 07-03-1999

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