

No. <b>C 91635</b>	<b>Annual Report Form</b> Due No Later Than November 30, 1995	2. Registered Agent and Office <b>NOT A P.O. BOX</b>  <b>PRENTICE-HALL CORP SYSTEMS</b> 200 N 23RD ST  POISE ID 83702			
Return to: <b>SECRETARY OF STATE</b> <b>700 WEST JEFFERSON</b> <b>PO BOX 83720</b> <b>BOISE, ID 83720-0080</b>  <b>NO FEE REQUIRED</b>	1. Mailing Address - Please Correct, If Not Correct  <b>EASTERN IDAHO HEALTH SERVICE</b> <del>PHILIP D. WHEELER</del> <b>C/O TAX DEPT.</b> <b>PO BOX 570</b>  <b>NASHVILLE TN 37202</b>	3. Organized Under the Laws of:  ID C 91635			
* <b>FIRST NOTICE</b> *					
4. Corporations: Enter Names and 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)					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
<b>PRESIDENT</b>	Jamie E. Hopping	13455 Noel Rd. 20th FL.	Dallas	TX	75240
<b>SECRETARY</b>	Stephen T. Brown	One Park Plaza	Nashville	TN	37203
<b>DIRECTOR</b>	Kenneth C. Donahy	One Park Plaza	Nashville	TN	37203
<b>DIRECTOR</b>	Rosalyn S. Elton	One Park Plaza	Nashville	TN	37203
5. <b>NATURE OF BUSINESS</b>  <b>OWNING &amp; OPERATING HEALTH FACILITIES</b>		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u><i>R. Elton</i></u> Date <u>10/1/96</u> Name (Typed or Printed) _____ Title _____			