STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH 29

| To | the Secretary of State of the State of Idaho: |
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| | Pursuant to the provisions of the Idaho Business Corporation Act; the undersigned corporation |
| organized under the laws of the State of Idaho submits the following statement f purpose of changing its registered office or its registered agent, or both, in the State of Idaho. | |
| 1. | The name of the corporation is Idaho Falls Consolidated Hospitals, Inc. |
| 2. | The post office address of its present registered office is P. O. Box 1180 |
| | Idaho Falls, Idaho 83401. |
| 3. | The post office address to which its registered office is to be changed is 900 Memorial, Drive Idaho Falls, Idaho 83401. |
| 4. | The name of its present registered agent is Richard E. Gillock. |
| 5. 6. | The name of its successor registered agent is <u>Edgar D. Vaughn.</u> The address of the registered office and the business address of the registered agent are identical. |
| 7. | The foregoing change was authorized by resolution of the board of directors. |
| Da | August 21, , 19 80. |
| | By Edgar D. Vaughn Its Resident Executive Director |
| Si | rateof <u>Idaho</u>) |
| C | OUNTY OF Bonneville) ss: |
| | I, Naida Grimmett, a notary public, do hereby certify that on this |
| | 21st day of August , 19 80 , personally appeared |
| be | efore meEDGAR D. VAUGHN,, who being by me first duly sworn, |
| de | clared that he is the <u>Executive Director</u> of <u>RHXHXXXXXXXXXXXXXX</u> |
| | of Idaho Falls Consolidated Hospitals, Inc. |
| | at he signed the foregoing document as Executive Director of the corporation and at the statements therein contained are true. |
| | Motary Public |
| | Notary Public |