No. W 9004	Due no later than June 30, 2007 Annual Report Form	2. Registered Agent and Office NO PO BO
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	*1. Mailing Address * Correct in this box, if applicable WOOD RIVER INDEPENDENT PHYSICIANS, PO BOX 6458 KETCHUM, ID 83340	A H ALEXANDER MD 100 HOSPITAL DR STE 100 KETCHUM, ID 83340
NO FILING FEE IF RECEIVED BY DUE DATE		3. New Registered Agent Signature
4. Limited Liability Compani	es: Enter Names and Addresses of Managers.	
	Street or P.O. Address White MD P.O. Box 3069 K exander, MD P.O. Box 6997	
Sectrons A.H. All	exander, MD P.O. Box 6997	a h n
Sectrem A.H.All	exander, MD P.O. Box 6997	
Section A-H. Alk  Organized Under the Laws of:  IDAHO W 9004  Issued 04/02/2007	6. Signature	