

No. W 49331	Due no later than Apr 30, 2017 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. WEST VALLEY MEDICAL GROUP, LLC LEGAL DEPARTMENT ONE PARK PLAZA NASHVILLE TN 37203		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705			
			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	WILLIAM B. RUTHERFORD	ONE PARK PLAZA	NASHVILLE	TN		37203
MANAGER	JOHN M. FRANCK II	ONE PARK PLAZA	NASHVILLE	TN		37203
MANAGER	CHRISTOPHER F. WYATT	ONE PARK PLAZA	NASHVILLE	TN		37203
5. Organized Under the Laws of: ID W 49331	6. Annual Report must be signed.* Signature: John M. Franck II Name (type or print): John M. Franck II		Date: 03/03/2017 Title: Manager			
Processed 03/03/2017		* Electronically provided signatures are accepted as original signatures.				