No. <b>J 49</b>		Due no later than Jan 31, 2008		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			RICHARD F UHLMANN MD			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  BOISE MEDICAL CENTER, LLP PHILLIP D JENSEN 425 BANNOCK ST BOISE ID 83702		BOISE ID	425 BANNOCK ST BOISE ID 83702  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Partne	erships: Enter N	ames and Business	Addresses of two (2) or more partners.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PARTNER	BONNIE KIM WAITE		425 WEST BANNOCK ST	BOISE	ID	USA	83702	
PARTNER	PHILLIP D JENSEN		425 WEST BANNOCK ST	BOISE	ID	USA	83702	
PARTNER	PAUL H BAEHR		425 BANNOCK ST	BOISE	ID	USA	83702	
PARTNER	ELLEN B HUNTER		425 BANNOCK ST	BOISE	ID	USA	83702	
PARTNER	MARK L LLOYD		425 BANNOCK ST	BOISE	ID	USA	83702	
PARTNER	RICHARD F UHLMANN		425 BANNOCK ST	BOISE	ID	USA	83702	
PARTNER	JOHN T WITTE		425 BANNOCK ST	BOISE	ID	USA	83702	
PARTNER	RTNER DAVID W WOOD		425 BANNOCK ST	BOISE	ID	USA	83702	
PARTNER	JUDITH A V	VOODS	425 BANNOCK ST	BOISE	ID	USA	83702	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID J 49		Signature: David W Wood			Date: 02/15/2008			
		Name (type or print): David W Wood			Title: Cfo			
Processed 02/15/2008		* Electronically pro	ovided signatures are accepted as origina	al signatures.				