| No. **W 59733** | **Due no later than Feb 28, 2011** | 2. Registered Agent and Address **(NO PO BOX)** |
|---|---|---|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br>**NO FILING FEE IF RECEIVED BY DUE DATE** | **Annual Report Form**<br>**1. Mailing Address: Correct in this box if needed.**<br>OASIS MEDICAL CENTER, LLC<br>DIANE T BEARSS<br>1110 N FIVE MILE RD<br>BOISE ID 83713<br>USA | JEANETTE K RHODES<br>1110 N FIVE MILE RD<br>BOISE ID 83713<br><br>3. New 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 |
|---|---|---|---|---|---|---|
| MEMBER | DR DIANE (TURNER) BEARSS | 9000 W DUCK LAKE DR | BOISE | ID | USA | 83714 |
| MEMBER | JAMES G BEARSS | 9000 W DUCK LAKE DR | BOISE | ID | USA | 86714 |

| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | |
|---|---|---|
| **ID**<br>**W 59733** | Signature: Jeanette K Rhodes | Date: 12/28/2010 |
| | Name (type or print): Jeanette K Rhodes | Title: Ea |

Processed 12/28/2010

* Electronically provided signatures are accepted as original signatures.