


No. C 113890	Due no later than Feb 28, 2003 Annual Report Form		2. Registered Agent and Office NO PO BOX BRYAN C POGUE 6565 WEST EMERALD BOISE, ID 83704												
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 applicable SELAH MEDICAL CENTER, P.A. BRYAN POGUE 6565 WEST EMERALD BOISE, ID 83704		3. New Registered Agent Signature												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Bryan Pogue</td> <td>6565 W. Emerald</td> <td>Boise</td> <td>ID</td> <td>83704</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President	Bryan Pogue	6565 W. Emerald	Boise	ID	83704
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
President	Bryan Pogue	6565 W. Emerald	Boise	ID	83704										
5. Organized Under the Laws of: IDAHO C 113890		6. <div style="display: flex; justify-content: space-between;"> <div> Signature  Name (Printed) <u>Bryan C. Pogue</u> </div> <div> Date <u>2/18/03</u> Title <u>President</u> </div> </div>													