

No. C105193	Annual Report Form 1996 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX BRENT BODILY 555 SHOSHONE ST E TWIN FALLS ID 83303																																																												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct TWIN FALLS CLINIC & HOSPITAL BRENT BODILY PO BOX 1233		3. Organized Under the Laws of: ID C105193																																																												
	* FIRST NOTICE * TWIN FALLS ID 83303 1233																																																														
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)																																																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Office held</th> <th style="width: 20%;">Name</th> <th style="width: 30%;">Street or P.O. Address</th> <th style="width: 15%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Zip</th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>MARLEY JACKMAN</td> <td>P.O. Box 1233</td> <td>TWIN FALLS</td> <td>IDAH0</td> <td>83301</td> </tr> <tr> <td>SECRETARY</td> <td>BRIAN NELCH</td> <td>PO Box 1233</td> <td>TWIN FALLS</td> <td>IDAH0</td> <td>83301</td> </tr> <tr> <td>DIRECTOR</td> <td>BRENT BODILY</td> <td>PO Box 1233</td> <td>TWIN FALLS</td> <td>IDAH0</td> <td>83301</td> </tr> <tr> <td>DIRECTOR</td> <td>GEORGE WARDER</td> <td>PO Box 1233</td> <td>TWIN FALLS</td> <td>IDAH0</td> <td>83301</td> </tr> <tr> <td>DIRECTOR</td> <td>MARY MCCLUCKY</td> <td>PO Box 1233</td> <td>TWIN FALLS</td> <td>IDAH0</td> <td>83301</td> </tr> <tr> <td>DIRECTOR</td> <td>RUTH STEVENS</td> <td>PO Box 1233</td> <td>TWIN FALLS</td> <td>IDAH0</td> <td>83301</td> </tr> <tr> <td>DIRECTOR</td> <td>LACY GREENAND</td> <td>PO Box 1233</td> <td>TWIN FALLS</td> <td>IDAH0</td> <td>83301</td> </tr> <tr> <td>DIRECTOR</td> <td>DAVID MCCLUCKY</td> <td>PO Box 1233</td> <td>TWIN FALLS</td> <td>IDAH0</td> <td>83301</td> </tr> <tr> <td>DIRECTOR</td> <td>DAVID SPITLER</td> <td>PO Box 1233</td> <td>TWIN FALLS</td> <td>IDAH0</td> <td>83301</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	PRESIDENT	MARLEY JACKMAN	P.O. Box 1233	TWIN FALLS	IDAH0	83301	SECRETARY	BRIAN NELCH	PO Box 1233	TWIN FALLS	IDAH0	83301	DIRECTOR	BRENT BODILY	PO Box 1233	TWIN FALLS	IDAH0	83301	DIRECTOR	GEORGE WARDER	PO Box 1233	TWIN FALLS	IDAH0	83301	DIRECTOR	MARY MCCLUCKY	PO Box 1233	TWIN FALLS	IDAH0	83301	DIRECTOR	RUTH STEVENS	PO Box 1233	TWIN FALLS	IDAH0	83301	DIRECTOR	LACY GREENAND	PO Box 1233	TWIN FALLS	IDAH0	83301	DIRECTOR	DAVID MCCLUCKY	PO Box 1233	TWIN FALLS	IDAH0	83301	DIRECTOR	DAVID SPITLER	PO Box 1233	TWIN FALLS	IDAH0	83301
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5. NATURE OF BUSINESS SUPPORT FOR MEDICAL SERVICES		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u><i>Marley Jackman</i></u> Date <u>7-16-96</u> Name <small>(Typed or Printed)</small> <u>MARLEY JACKMAN</u> Title <u>PRESIDENT</u>																																																													

ISSUED: 07-06-1996

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