No.	C 132641	Due no later than February 29, 2008	2. Registered Agent and Office NO PO BOX
450 NO F	to: RETARY OF STATE NORTH FOURTH STREET SOX 83720 SE, ID 83720-0080	Annual Report Form 1. Mailing Address - Correct in this box, if applicable : PUBLIC HOSPITAL COOPERATIVE, INC. 651 MEMORIAL DR POCATELLO, ID 83201	JON SMITH 651 MEMORIAL DR- EAST CAMPUS POCATELLO, ID 83201 3. New Registered Agent Signature
ot Cha	Corporations: Enter Nar fice held Name To An Hoo	nes and Business Addresses of President, Secretar Street or P.O. Address per 300 South 3nd West Soda Peny 901 Adams Africanson 651 Memorial Drive Pool	Springs ID 83276 on WY 83110
5. Org	panized Under the Laws of: IDAHO C 132641	6. Signature of Saik Name Printed or Jon Sm, Th	Date
•		Do Not Tape or Staple	200002002100