

No. W 44106		Due no later than Oct 31, 2008 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. SOUTHERN IDAHO HEALTHCARE COOPERATIVE, L.L.C. PO BOX 1901 TWIN FALLS ID 83301		ANNE S TAYLOR PITTS 450 FALLS AVE STE 201 TWIN FALLS ID 83301			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> 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	ROBERT WARD MD	141 MORRISON ST	TWIN FALLS	ID	USA	83301	
MEMBER	KURT SESSI MD	630 ADDISON AVE W	TWIN FALLS	ID	USA	83301	
MEMBER	DAVID KEMP MD	414 SHOUP AVE W	TWIN FALLS	ID	USA	83301	
MEMBER	BLAKE JOHNSON MD	714 N COLLEGE RD	TWIN FALLS	ID	USA	83301	
MEMBER	BRIAN FORTUIN MD	660 SHOSHONE E	TWIN FALLS	ID	USA	83301	
MEMBER	DAVID MCCLUSKY MD	660 SHOSHONE E	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: ID W 44106		6. Annual Report must be signed.* Signature: Robert Ward, M.D. Name (type or print): Robert Ward, M.D.					
		Date: 10/31/2008 Title: Member					
Processed 10/31/2008		* Electronically provided signatures are accepted as original signatures.					