No. W 53726

Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

NO FILING FEE IF RECEIVED BY DUE DATE

Due no later than August 31, 2007
Annual Report Form

1. Mailing Address - Correct in this box, if applicable

BLACKFOOT MEDICAL CENTER, LLC
LOUIS KRAML
98 POPLAR ST
BLACKFOOT, ID 83221

2. Registered Agent and Office NO PO BOX

LOUIS KRAML
98 POPLAR ST
BLACKFOOT, ID 83221

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

Office held	Name	Street or P.O. Address	City	State	Zip
PRES	LDKRAML	98 Poplar	Blackfoot	Id	83221

5. Organized Under the Laws of:
IDAHO
W 53726

6.
Signature LDKraml Date 8-30-07
Name (Typed or Printed) LDKRAML Title PRES

Issued 06/01/2007

Do Not Tape or Staple

200708007650

Fold, seal and mail this portion.

Detach at this perforation and discard this lower portion.

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

BLOCK 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. Note: To ensure future mailings, the corrected address