

<b>No. W 7192</b>	<b>Due no later than Oct 31, 2001</b>		<b>2. Registered Agent and Office NO PO BOX</b> SUSAN K GELLETLY MD 1525 S OWYHEE BOISE, ID 83705						
<b>Return to:</b> SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>Annual Report Form</b> <b>1. Mailing Address - Correct in this box, if applicable</b> OVERLAND MEDICAL CENTER, PLLC SUSAN K GELLETLY MD 1525 S OWYHEE BOISE, ID 83705		<b>3. New Registered Agent Signature</b>						
<b>4. Limited Liability Companies: Enter Names and Addresses of Members.</b>									
<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; width: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 20%;"><u>Name</u></th> <th style="text-align: left; width: 30%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 10%;"><u>Zip</u></th> </tr> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>				
MEMBER SUSAN K. GELLETLY, MD 1525 S. OWYHEE BOISE ID 83705 MEMBER HUGH G. STERLING, MD 1525 S. OWYHEE BOISE ID 83705									
<b>5. Organized Under the Laws of:</b>  IDAHO W 7192		<b>6.</b> Signature <u><i>Susan K. Gelletly, M.D.</i></u> Date <u>8-14-01</u> Name <small>(Typed or Printed)</small> <u>Susan K. Gelletly, M.D.</u> Title <u>MD</u>							

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Do Not Tape or Staple

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