

No. W 4319	Due no later than Jul 31, 2001																				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form		2. Registered Agent and Office NO PO BOX																		
	1. Mailing Address - Correct in this box, if applicable REXBURG FAMILY MEDICAL CENTER, P.L. #1 PROFESSIONAL PLAZA REXBURG, ID 83440		MICHAEL M PACKER M.D. #1 PROFESSIONAL PLAZA REXBURG, ID 83440 3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>MEMBER</td> <td>MICHAEL M. PACKER</td> <td>M.D.</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>1 PROFESSIONAL PLAZA</td> <td>REXBURG</td> <td>ID</td> <td>83440.</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	MEMBER	MICHAEL M. PACKER	M.D.						1 PROFESSIONAL PLAZA	REXBURG	ID	83440.
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5. Organized Under the Laws of: IDAHO W 4319	6. Signature <u>M. Packer</u> Date <u>5/16/01</u> Name (Typed or Printed) <u>MICHAEL PACKER</u> Title: <u>MEMBER</u> XXXX																				

Issued 05/09/2001

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