

No. <b>W 4319</b>	Due no later than Jul 31, 2001				
Return to: <b>SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080</b>	<b>Annual Report Form</b> 1. Mailing Address - Correct in this box, if applicable <b>REXBURG FAMILY MEDICAL CENTER, P.L.</b>		2. Registered Agent and Office <b>NO PO BOX</b> <b>MICHAEL M PACKER M.D. #1 PROFESSIONAL PLAZA</b> <b>REXBURG, ID 83440</b>		
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>#1 PROFESSIONAL PLAZA</b> <b>REXBURG, ID 83440</b>		3. <u>New</u> Registered Agent Signature		
4. Limited Liability Companies: Enter Names and Addresses of Members.					
<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 MD.	1 PROFESSIONAL PLAZA REXBURG ID 83440.			
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>		

Issued 05/09/2001

Do Not Tape or Staple

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