

No. C 113890

Due no later than February 29, 2008
Annual Report Form

2. Registered Agent and Office NO PO BOX

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

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

SELAH MEDICAL CENTER, P.A.
BRYAN POGUE
6565 WEST EMERALD
BOISE, ID 83704BRYAN C POGUE
6565 WEST EMERALD
BOISE, ID 83704NO FILING FEE IF
RECEIVED BY DUE DATE3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
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President	Bryan Pogue	6565 W. Emerald			Boise ID 83704
Secretary	Andrea Pogue	6565 W. Emerald			Boise ID 83704

5. Organized Under the Laws of:

IDAHO
C 113890

6.

Signature

Date

1/30/08

Name (Typed or Printed)

BRYAN POGUE

Title

President

Issued 12/03/2007

Do Not Tape or Staple

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