No. **W 8745**	**Due no later than May 31, 2011** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** RIGBY FAMILY MEDICAL CENTER, P.L.L.C. BRYAN D HAMMAR 3902 E 132 N RIGBY ID 83442 USA	BRYAN D HAMMAR 167 EAST 1ST SOUTH RIGBY ID 83442 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	BRYAN D HAMMAR	3902 E 132 N	RIGBY	ID	USA	83442
MEMBER	RUTH S HAMMAR	3902 E 132 N	RIGBY	ID	USA	83442

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 8745**	Signature: Ruth Hammar	Date: 06/01/2011
	Name (type or print): Ruth Hammar	Title: Member

Processed 06/01/2011

* Electronically provided signatures are accepted as original signatures.