

No. <b>W 13099</b>	<b>Due no later than Oct 31, 2011</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> SOUTHEASTERN IDAHO PHYSICIAN-HOSPITAL ORGANIZATION, L.L.C. ROBERT CUOIO 850 YOUNG ST POCATELLO ID 83201		STEPHEN MALOFF MD 850 YOUNG ST POCATELLO ID 83201			
			3. <u>New</u> 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	PORTNEUF MEDICAL CENTER	777 HOSPITAL WAY	POCATELLO	ID	USA	83201
5. Organized Under the Laws of:  <b>ID W 13099</b>	6. Annual Report must be signed.* Signature: Robert Cuoio Name (type or print): Robert Cuoio		Date: 08/10/2011 Title: Network Coordinator			
Processed 08/10/2011		* Electronically provided signatures are accepted as original signatures.				