







## **STATE OF IDAHO**

Office of the secretary of state, Lawerence Denney ANNUAL REPORT

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$0.00 For Office Use Only

-FILED-

File #: 0004827023

Date Filed: 7/19/2022 4:27:48 PM

| Entity Name and Mailing Address:  |                   | 0.45.445510.44.0551755.44.                                 | •           |
|---|-------------------|--|-------------|
| Entity Name:  |                   | SAB MEDICAL CENTER, LLC                                    |             |
| The file number of this entity on the records of the Idaho Secretary of State is:   |                   | 0000515338   |             |
| Address   |                   | 350 N 9TH ST   |             |
|   |                   | STE 200  |             |
|   |                   | BOISE, ID 83702-5469                                       |             |
| Entity Details:   |                   |  |             |
| Entity Status   |                   | Active-Existing  |             |
| This entity is organized under the laws of:   |                   | IDAHO  |             |
| If applicable, the old file number of this entity the Idaho Secretary of State was: | on the records of | W170039  |             |
| The registered agent on record is:  |                   |  |             |
| Registered Agent  |                   | NATIONAL REGISTERED AGENTS INC Commercial Registered Agent |             |
|   |                   | Physical Address   |             |
|   |                   | 921 S ORCHARD ST STE G                                     |             |
|   |                   | BOISE, ID 83705  |             |
|   |                   | Mailing Address  |             |
|   |                   | 921 S ORCHARD ST STE G<br>BOISE, ID 83705                  |             |
|   |                   | 20102, 12 001 00   |             |
| Agent or Address Change   |                   |  |             |
| Select if you are appointing a new agent.   |                   |  |             |
|   |                   |  |             |
| Limited Liability Company Managers and Members                                      | 1                 |  |             |
| Name  | Title             | Busin  | ess Address |
| Hermann Schormann   | Manager           | GLOGAUERSTRASSE 4  |             |
|   |                   | LOEHNE 32584   |             |
|   |                   | Germany  |             |
|   |                   |  |             |
| The annual report must be signed by an authorized signer of the entity.             |                   |  |             |
| Job Title: CEO / President  |                   |  |             |
|   |                   |  |             |
| Michael Fery  |                   |  | 07/19/2022  |
| Sign Here   |                   | Date   |             |
| 1   |                   |  |             |