No. <b>C 92154</b>		Due no later than Apr 30, 2007		2.	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			LARRY T CURTIS MD			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  TETON VALLEY MEDICAL CENTER, INC. 283 N 1ST E DRIGGS ID 83422			10 ASHLEY ST STE 206 DRIGGS ID 83422  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).								
Office Held	Name		Street or PO Address	(	City	State	Country	Postal Code
	LARRY T CURTIS DEBORAH CURTIS		PO BOX 29 PO BOX 29	_	ORIGGS ORIGGS	ID ID	USA USA	83422 83422
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
IDAHO C 92154		Signature: Larry T Curtis			Date: 04/10/2007			
		Name (type or print): Larry T Curtis			Title: President			
Processed 04/10/2007 * Electronically provided signatures are accepted as original signatures.								