| No. W 52424 | | Due | 2. Registered Ag | 2. Registered Agent and Address (NO PO BOX) | | | | |
|--|----------------|---|------------------------------------|---|---|---------|-------------|--|
| Return to: | | Annual Report Form | | ERIC L OLSE | ERIC L OLSEN | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. IDAHO DOCTORS' HOSPITAL, PLLC ERIC L OLSEN 201 E CENTER ST POCATELLO ID 83201 | | POCATELLO I | 201 E CENTER ST POCATELLO ID 83201 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Compan | ies: Enter Nar | mes and Addresses | of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| | | JNEYCUTT MD | 500 S 11TH AVE | POCATELLO | ID | USA | 83201 | |
| MEMBER CLARK L ALI | | LEN MD | 500 S 11TH AVE | POCATELLO | ID | USA | 83201 | |
| MEMBER STEPHEN MA | | arano md | 3480 WASHINGTON PKWY | IDAHO FALLS | ID | USA | 83404 | |
| 5. Organized Under the Laws of: | | 6. Annual Report n | | | | | | |
| ID | | Signature: Scott Huneycutt | | | Date: 07/17/2007 | | | |
| W 52424 | | Name (type or p | | Title: Member | | | | |
| Processed 07/17/2007 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |