

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                        |                                                                                                                                                                |                                                                                                                            |              |                    |             |                               |             |              |            |                             |  |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|--------------|--------------------|-------------|-------------------------------|-------------|--------------|------------|-----------------------------|--|--|--|--|--|
| No. <b>C116370</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Annual Report Form</b> 1997<br><i>Due No Later Than November 30,</i>                                                                                                |                                                                                                                                                                | 2. Registered Agent and Office <b>NOT A P.O. BOX</b>                                                                       |              |                    |             |                               |             |              |            |                             |  |  |  |  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FEE REQUIRED</b><br><br><b>* FIRST NOTICE *</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1. Mailing Address - Please Correct, If Not Correct<br><br>INTERMOUNTAIN HEALTH CARE, I<br>SCOTT S. PARKER<br>36 S. STATE ST., STE.2200<br><br>SALT LAKE CITY UT 84111 |                                                                                                                                                                | PRENTICE HALL CORP SYSTE<br>200 N. 23RD ST.<br><br>BOISE ID 83702<br><br>3. Organized Under the Laws of:<br><br>UT C116370 |              |                    |             |                               |             |              |            |                             |  |  |  |  |  |
| 4. Corporations: Enter Names and Business Addresses of <b>President, Secretary and Directors</b><br>Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)<br><br><table border="0" style="width:100%"> <tr> <td style="text-align:center"><u>Office held</u></td> <td style="text-align:center"><u>Name</u></td> <td style="text-align:center"><u>Street or P.O. Address</u></td> <td style="text-align:center"><u>City</u></td> <td style="text-align:center"><u>State</u></td> <td style="text-align:center"><u>Zip</u></td> </tr> <tr> <td colspan="6" style="text-align:center"><b>SEE ATTACHED LISTING</b></td> </tr> </table> |                                                                                                                                                                        |                                                                                                                                                                |                                                                                                                            |              | <u>Office held</u> | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> | <b>SEE ATTACHED LISTING</b> |  |  |  |  |  |
| <u>Office held</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u>Name</u>                                                                                                                                                            | <u>Street or P.O. Address</u>                                                                                                                                  | <u>City</u>                                                                                                                | <u>State</u> | <u>Zip</u>         |             |                               |             |              |            |                             |  |  |  |  |  |
| <b>SEE ATTACHED LISTING</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                        |                                                                                                                                                                |                                                                                                                            |              |                    |             |                               |             |              |            |                             |  |  |  |  |  |
| 5.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                        | 6. Signature <u><i>Douglas J. Hammer</i></u> Date <u>JULY 32, 1997</u><br>Name (Typed or Printed) <u>Douglas J. Hammer</u> Title <u>V-P &amp; Gen. Counsel</u> |                                                                                                                            |              |                    |             |                               |             |              |            |                             |  |  |  |  |  |

ISSUED: 07-04-1997

↓ DO NOT TAPE OR STAPLE ↓

5820

**CORPORATE BOARDS & OFFICERS**  
**1997 - 1998**

**I. Intermountain Health Care, Inc.**

**A. Board of Trustees**

Term Expires 1999

Penny S. Brooke  
Jack L. Cox, M.D.  
Richard E. Galbraith  
Kem C. Gardner  
Robert H. Garff  
E. J. "Jake" Garn  
Paul T. Kunz  
Lawrence S. Lewin  
Victor L. Lund  
A. Diane Moeller  
Scott S. Parker  
Richard R. Price, M.D.  
Ted L. Wilson  
Dwan J. Young

Term Expires 1998

David E. Salisbury  
Kim A. Bateman, M.D.  
Spencer F. Eccles  
Irene S. Fisher  
Merrill Gappmayer  
H. Jerry Gardner, M.D.  
Karen H. Huntsman  
William N. Jones  
Kenneth Y. Knight  
Linda C. Leckman, M.D.  
William H. Nelson  
Kent F. Richards, M.D.  
Richard Segal, M.D.  
Charles W. Sorenson, Jr., M.D.

**B. Officers**

Offices of the Board

|                      |                              |
|----------------------|------------------------------|
| David E. Salisbury   | -Chairman                    |
| Richard J. Galbraith | -Vice-Chairman and Secretary |

Officers of the Corporation

|                        |                     |
|------------------------|---------------------|
| Scott S. Parker        | -President          |
| William H. Nelson      | -Exec. V.P. and COO |
| Kent F. Richards, M.D. | .-Sr. Vice Pres.    |
| Everett N. Goodwin     | -Vice Pres.         |
| Douglas J. Hammer      | -Vice Pres.         |
| William H. Nelson      | -Secretary          |
| William H. Nelson      | -Treasurer          |