2. Registered Agent and Office (NOT A P.O. Due no later than Apr 30, 2012 No. W 49331 Annual Report Form Return to: CT CORPORATION SYSTEM SECRETARY OF STATE 1. Mailing Address: Correct in this box if needed. 1111 W JEFFERSON STE 530 450 N 4th STREET WEST VALLEY MEDICAL GROUP, LLC **BOISE ID 83702** PO BOX 83720 LEGAL DEPARTMENT BOISE, ID 83720-0080 ONE PARK PLAZA 3. New Registered Agent Signature. NASHVILLE TN 37203 NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. Manager or Member Name Street or PO Address Country **Postal Code** Manager Member (circle one) Nashville 37203 Manager William B. Rutherford One Park Plaza TN US 37203 Steven E. Clifton One Park Plaza Nashville TN US Manager Donald W. Stinnett One Park Plaza Nashville TN US 37203 Manager 5. Organized Under the Laws of: l6. Date: 2/24/2012 Signature: **IDAHO** Title: Manager Steven E. Clifton W 49331 Name (type or print): Issued 02/22/2012 by PEH 108058

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM