

No. C 174136	Due no later than July 31, 2008 Annual Report Form		2. Registered Agent and Office NO PO BOX KAREN KELLIE 1000 STATE ST MCCALL, ID 83638																		
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box, if applicable FOREST STREET PROFESSIONAL CONDOMIN KAREN KELLIE 1000 STATE ST MCCALL MEMORIAL HOSPITAL MCCALL, ID 83638		3. New Registered Agent Signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;">Office held</th> <th style="text-align: left; width: 20%;">Name</th> <th style="text-align: left; width: 30%;">Street or P.O. Address</th> <th style="text-align: left; width: 15%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 10%;">Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Don Krah</td> <td>1000 State St</td> <td>McCall</td> <td>ID</td> <td>83638</td> </tr> <tr> <td>Secretary/ Treasurer</td> <td>Don Ostermiller, MD</td> <td>1000 State St</td> <td>McCall</td> <td>ID</td> <td>83638</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	President	Don Krah	1000 State St	McCall	ID	83638	Secretary/ Treasurer	Don Ostermiller, MD	1000 State St	McCall	ID	83638
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5. Organized Under the Laws of: IDAHO C 174136		6. Signature <u>Karen Kellie</u> Name <small>(Typed or Printed)</small> <u>Karen Kellie</u> Date <u>5-15-08</u> Title <u>President - McCall Memorial Hosp.</u>																			