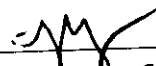


No. C 43599	Due no later than Apr 30, 2002 Annual Report Form		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable REXBURG MEDICAL CENTER PROFESSIONAL C JEFFREY ZOLLINGER 393 EAST SECOND NORTH REXBURG, ID 83440		C. JEFFREY ZOLLINGER 393 EAST SECOND NORTH REXBURG, ID 83440 3. <u>New</u> Registered Agent Signature												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>C. Jeffrey Zollinger</td> <td>950 Greenhaven</td> <td>Rexburg</td> <td>ID</td> <td>83440</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President	C. Jeffrey Zollinger	950 Greenhaven	Rexburg	ID	83440
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
President	C. Jeffrey Zollinger	950 Greenhaven	Rexburg	ID	83440										
5. Organized Under the Laws of: IDAHO C 43599	6. Signature  Date <u>2/15/02</u> Name (Typed or Printed) <u>C. Jeffrey Zollinger</u> Title <u>President</u>														