

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

1. Mailing Address - Correct in this box, if applicable

REXBURG MEDICAL CENTER PROFESSIONAL
C JEFFREY ZOLLINGER
393 EAST SECOND NORTH

C. JEFFREY ZOLLINGER
393 EAST SECOND NORTH

REXBURG, ID 83440

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3. New Registered Agent Signature

**NO FILING FEE IF
RECEIVED BY DUE DATE**

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<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 2/15/02

Name (Typed or Printed) C. Jeffrey Zollinger Title President