




No. C 116370 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than Sep 30, 2000 Annual Report Form 1. Mailing Address - Correct in this box, if applicable INTERMOUNTAIN HEALTH CARE, INC. WILLIAM H. NELSON 36 S. STATE ST., STE.2200 SALT LAKE CITY, UT 84111	2. Registered Agent and Office NO PO BOX PRENTICE HALL CORP SYSTEM, II 1401 SHORELINE DR BOISE, ID 83702 3. <u>New</u> Registered Agent Signature
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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	William H. Nelson	36 So. State St., #2200,	Salt Lake City,	UT	84111
Secretary	Charles W. Sorenson, Jr., MD	36 So. State St., #2200,	Salt Lake City,	UT	84111
Director	Everett N. Goodwin, Jr.	36 So. State St., #2200,	Salt Lake City,	UT	84111
Director	Linda C. Leckman, M.D.	36 So. State St., #2200,	Salt Lake City,	UT	84111

5. Organized Under the Laws of: UTAH C 116370	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature  </td> <td style="width: 40%;"> Date <u>10-10-00</u> </td> </tr> <tr> <td> Name <small>(Typed or Printed)</small> <u>William H. Nelson</u> </td> <td> Title: <u>President</u> X Director </td> </tr> </table>	Signature 	Date <u>10-10-00</u>	Name <small>(Typed or Printed)</small> <u>William H. Nelson</u>	Title: <u>President</u> X Director
Signature 	Date <u>10-10-00</u>				
Name <small>(Typed or Printed)</small> <u>William H. Nelson</u>	Title: <u>President</u> X Director				

Issued 07/10/2000

Do Not Tape or Staple

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