

No. C 116370		Due no later than Sep 30, 2000 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 INTERMOUNTAIN HEALTH CARE, INC. WILLIAM H. NELSON 36 S. STATE ST., STE.2200		PRENTICE HALL CORP SYSTEM, II 1401 SHORELINE DR BOISE, ID 83702		
NO FILING FEE IF RECEIVED BY DUE DATE		SALT LAKE CITY, UT 84111		3. <u>New</u> Registered Agent Signature		
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:		6.				
UTAH C 116370		Signature			Date	10-10-00
		Name <small>(Typed or Printed)</small>	William H. Nelson		Title	President
					X	XXXX

Issued 07/10/2000

Do Not Tape or Staple

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