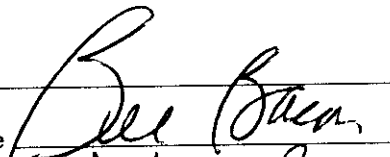


<b>No. W 13099</b>	<b>Due no later than Oct 31, 2002</b> <b>Annual Report Form</b>	<b>2. Registered Agent and Office NO PO BOX</b> WILLIAM F BACON 1600 ARLINGTON POCATELLO, ID 53204																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE DATE</b>	<b>1. Mailing Address - Correct in this box, if applicable</b> SOUTHEASTERN IDAHO PHYSICIAN-HOSPIT 1600 ARLINGTON POCATELLO, ID 83204	<b>3. <u>New</u> Registered Agent Signature</b>																		
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers.</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 25%;"><u>Name</u></th> <th style="text-align: left; width: 30%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 10%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>LEWIS CRAWELL</td> <td>333 N. 18<sup>th</sup></td> <td>Blackfoot POCATELLO</td> <td>IDAHO</td> <td>83204</td> </tr> <tr> <td>V/P</td> <td>TERRY ELQUEST</td> <td>" " "</td> <td>"</td> <td>"</td> <td>"</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	LEWIS CRAWELL	333 N. 18 <sup>th</sup>	Blackfoot POCATELLO	IDAHO	83204	V/P	TERRY ELQUEST	" " "	"	"	"
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>															
PRESIDENT	LEWIS CRAWELL	333 N. 18 <sup>th</sup>	Blackfoot POCATELLO	IDAHO	83204															
V/P	TERRY ELQUEST	" " "	"	"	"															
<b>5. Organized Under the Laws of:</b>  IDAHO W 13099	<b>6.</b> Signature  _____ Date _____ Name (Type or Printed) <u>William Bacon</u> Title _____																			