

No. <b>W 6415</b>		<b>Due no later than Jun 30, 2009</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  SOUTHERN IDAHO MEDICAL PARK, L.L.C. DR. H. PETER DOBLE II PO BOX 145 TWIN FALLS ID 83303		H PETER DOBLE II 115 FALLS AVE WEST TWIN FALLS ID 83301			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	DR WILLIAM BILL FITZHUGH	589 SHOUP AVE W	TWIN FALLS	ID	USA	83301	
MEMBER	DR H. PETER DOBLE II	115 FALLS AVE W	TWIN FALLS	ID	USA	83301	
MEMBER	DR MARILYN RIGHETTI	706 N COLLEGE RD SUITE C	TWIN FALLS	ID	USA	83301	
MEMBER	DR ROBERT C WELCH	526 SHOUP AVE W SUITE H	TWIN FALLS	ID	USA	83301	
MEMBER	DR ROD KACK	706 N COLLEGE RD SUITE C	TWIN FALLS	ID	USA	83301	
MEMBER	DR SCOTT E ALLAN	526 SHOUP AVE W SUITE H	TWIN FALLS	ID	USA	83301	
MEMBER	DR FREDRICK L SURBAUGH	562 SHOUP AVE W	TWIN FALLS	ID	USA	83301	
MEMBER	DR BRAD HOBBS	2041 STADIUM BLVD	TWIN FALLS	ID	USA	83301	
MEMBER	DR WILLIAM F MAY	714 COLLEGE RD SUITE A	TWIN FALLS	ID	USA	83301	
MEMBER	DR JAMES M RETMIER	714 COLLEGE RD SUITE A	TWIN FALLS	ID	USA	83301	
MEMBER	DR BLAKE G JOHNSON	714 COLLEGE RD SUITE A	TWIN FALLS	ID	USA	83301	
MEMBER	DR MICHAEL K TAYLOR	206 MARTIN ST SUITE A	TWIN FALLS	ID	USA	83301	
MEMBER	DR JOHN W HOWAR	562 SHOUP AVE W	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:  <b>ID</b> <b>W 6415</b>		6. Annual Report must be signed.*  Signature: Dr. H. Peter Doble II Name (type or print): Dr. H. Peter Doble II					
Processed 04/27/2009		Date: 04/27/2009 Title: Registered Agent  * Electronically provided signatures are accepted as original signatures.					