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| No. W 6415 | | Due no later than Jun 30, 2009 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form 1. Mailing Address: Correct in this box if needed. 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 | | | |
| | | | | 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: ID W 6415 | | 6. Annual Report must be signed.* Signature: Dr. H. Peter Doble II Name (type or print): Dr. H. Peter Doble II Date: 04/27/2009 Title: Registered Agent | | | | | |
| Processed 04/27/2009 | | * Electronically provided signatures are accepted as original signatures. | | | | | |