

Annual Report Form		1999	
No. C 48477	Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct  SALMON MEDICAL CENTER, P.A. BOYD K. SIMMONS, M.D. PO BOX 2093		BOYD K SIMMONS MD 1107 MAIN STREET  SALMON ID 83467
* FIRST NOTICE *	SALMON	ID 83467	3. Organized Under the Laws of:  ID C 48477
4. Corporations: Enter Names and Business Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u> <u>State</u> <u>Zip</u>
Director	Arthur Earl	210 VALLEY DEETING	1107 Main Salmon ID 83467
"	James Todd		
"	Boyd Simmons		
5. Signature of New Registered Agent		6.	
		Signature <u>Arthur Earl</u>	Date <u>7/16/99</u>
		Name (Typed or Printed) <u>Arthur D. Earl</u>	Title <u>Director</u>

ISSUED: 07-03-1999

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