

No. <b>W 9004</b>		Due no later than Jun 30, 2009		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>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b> <b>1. Mailing Address: Correct in this box if needed.</b> WOOD RIVER INDEPENDENT PHYSICIANS, L.L.C. A. HERBERT ALEXANDER, MD PO BOX 6458 KETCHUM ID 83340-6458		A H ALEXANDER MD 100 HOSPITAL DR STE 100 KETCHUM ID 83340			
				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	AMBROSE PATRICK MCLAUGHLIN III	PO BOX 4827	KETCHUM	ID	USA	83340	
MEMBER	A. HERBERT ALEXANDER, MD	PO BOX 6997	KETCHUM	ID	USA	83340-6997	
MEMBER	FRANK F FIASCHETTI	PO BOX 3069	KETCHUM	ID	USA	83340-3069	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 9004</b>		Signature: A. H. Alexander Name (type or print): A. H. Alexander			Date: 05/02/2009 Title: Member		
Processed 05/02/2009		* Electronically provided signatures are accepted as original signatures.					