No. C 85268	Due no later than November 30, 2007 **Annual Report Form**	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	1. Mailing Address - Correct in this box, if applicable JEFFERSON STREET MEDICAL CENTER OWN KATIE APPLE 305 E. JEFFERSON, SUITE 101 BOISE, ID 83712	KATIE APPLE 305 E. JEFFERSON, SUITE 101 BOISE, ID 83712 3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held	Name	Street or P.O. Address	City	State	Zip
Director	Larry D. Bishop, MD	305 E. Jefferson, Suite 101	Boise,	ID	83
Director	David B. Crane, MD	"	"	"	"

5. Organized Under the Laws of:	6.
IDAHO C 85268	Signature _____ Date 9.17.07 Name (Typed or Printed) Katie Apple Title Administrator

Issued 09/04/2007

Do Not Tape or Staple

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