

No. C 85268

Due no later than November 30, 2008

Annual Report Form

2. Registered Agent and Office NO PO BOX

KATIE APPLE
305 E. JEFFERSON, SUITE 101
BOISE, ID 83712

Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

JEFFERSON STREET MEDICAL CENTER OWN
KATIE APPLE
305 E. JEFFERSON, SUITE 101
BOISE, ID 83712

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

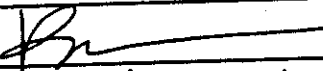
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Director	Larry D. Bishop, MD	305 E. Jefferson	Boise	ID	83712
"	David B. Crane, MD	305 E. Jefferson	Boise	ID	83412

5. Organized Under the Laws of:
IDAHO
C 85268

6.

Signature



Date

9.22.08

Name

(Typed or
Printed)

Katie A. Apple

Title

Administrator

200811000645

Issued 09/02/2008

Do Not Tape or Staple