

No. W 59733		Due no later than Feb 28, 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		1. Mailing Address: Correct in this box if needed. OASIS MEDICAL CENTER, LLC DIANE T BEARSS 3217 W BAVARIA ST EAGLE ID 83616		JEANETTE K RHODES 1110 N FIVE MILE RD BOISE ID 83713			
				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 DIANE (TURNER) BEARSS	3217 W BAVARIA ST	EAGLE	ID	USA	83716	
MEMBER	JAMES G BEARSS	3217 W BAVARIA ST	EAGLE	ID	USA	83616	
5. Organized Under the Laws of: ID W 59733		6. Annual Report must be signed.* Signature: Jeanette Rhodes Name (type or print): Jeanette Rhodes					
				Date: 01/23/2009		Title: Registered Agent	
Processed 01/23/2009		* Electronically provided signatures are accepted as original signatures.					