No. C 82473 Return to:		Due no later than Nov 30, 2015 Annual Report Form	2. Registered Agent and Address (NO PO BOX) SHARON H LAIRD			
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. EASTERN IDAHO REGIONAL MEDICAL CENTER AUXILIARY, INC. ANNETTE LEE PO BOX 2077 IDAHO FALLS ID 83404 USA	3100 CHANNING WAY IDAHO FALLS ID 83401 3. New Registered Agent Signature:*			
		ess Addresses of President, Secretary, and Directors. Treasurer	(optional).			
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT VICE PRESIDENT	ANNETTE LE SHANE WILL		IDAHO FALLS IDAHO FALLS	ID ID	USA USA	83404 83404
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID C 82473		Signature: Annette Lee	Date: 11/09/2015			
		Name (type or print): Annette Lee	Title: President			
Processed 11/09/2015 * Electronically provided signatures are accepted as original signatures.						