

No. C 202387		Due no later than Jun 30, 2016		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. FRUITLAND MEDICAL OFFICE CONDOMINIUM ASSOCIATION, INC. ST ALPHONSUS MEDICAL CENTER 1055 N CURTIS RD BOISE ID 83706		SAINT ALPHONSUS MEDICAL CENTER ONTARIO INC 1055 N CURTIS RD BOISE ID 83706	
				3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
DIRECTOR	JENNIFER WHITE	910 NW 16TH ST STE 205	FRUITLAND	ID	83619
DIRECTOR	BEN JONES	351 SW 9TH ST	ONTARIO	OR	97914
DIRECTOR	LANNIE CHECKETTS	351 SW 9TH ST	ONTARIO	OR	97914
5. Organized Under the Laws of: ID C 202387		6. Annual Report must be signed.* Signature: Mike Chidester Name (type or print): Mike Chidester Date: 07/19/2016 Title: Director of Real Estate			
Processed 07/19/2016		* Electronically provided signatures are accepted as original signatures.			