

No. <b>C 35705</b>		<b>Due no later than Aug 31, 2011</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> ST. LUKE'S REGIONAL MEDICAL CENTER AUXILIARY, INC. AUXILIARY PRESIDENT 190 EAST BANNOCK BOISE ID 83712		CHRISTINE NEUHOFF 190 EAST BANNOCK BOISE ID 83712		
				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
TREASURER	DIANE JACOBSEN	534 E. RIVER QUARRY CT.	EAGLE	ID	USA	83616
SECRETARY	ROBIN FISHER	1879 RIDGE POINT WAY	BOISE	ID	USA	83712
PRESIDENT	COLLEEN O'TYSON	449 E. TOBAGO CT	MERIDIAN	ID	USA	83642
5. Organized Under the Laws of:  <b>ID C 35705</b>		6. Annual Report must be signed.* Signature: Diane K. Jacobsen Name (type or print): Diane K. Jacobsen  Date: 08/13/2011 Title: Treasurer				
Processed 08/13/2011		* Electronically provided signatures are accepted as original signatures.				