

No. <b>C 58141</b>		Due no later than Apr 30, 2018		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> WEST VALLEY MEDICAL CENTER AUXILIARY, INC. SHARON L SEIF 1717 ARLINGTON AVENUE CALDWELL ID 83605-4800 USA		SHARON SEIF 1717 ARLINGTON AVE CALDWELL ID 83605-4800		
				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	KIMBERLEY MILLION	1717 ARLINGTON AVE	CALDWELL	ID	USA	83605
DIRECTOR	GENE MCCLURE	1717 ARLINGTON AVE	CALDWELL	ID	USA	83605
PRESIDENT	ROSIE J AHUMADA	1717 ARLINGTON AVE.	CALDWELL	ID	USA	83605-4800
SECRETARY	SHARON L SEIF	1717 ARLINGTON AVE.	CALDWELL	ID	USA	83605-4800
VICE PRESIDENT	MARY K FLASCHNER	1717 ARLINGTON AVE.	CALDWELL	ID	USA	83605-4800
DIRECTOR	MO THOMASON	1717 ARLINGTON AVE.	CALDWELL	ID	USA	83605-4800
DIRECTOR	BETTY JO KING	1717 ARLINGTON AVE.	CALDWELL	ID	USA	83605-4800
DIRECTOR	CINDY MCLAUGHLIN	1717 ARLINGTON AVENUE	CALDWELL	ID	USA	83605-4800
DIRECTOR	BARBARA PIKE	1717 ARLINGTON AVENUE	CALDWELL	ID	USA	83605-4800
DIRECTOR	NATALIE KENNEDY	1717 ARLINGTON AVENUE	CALDWELL	ID	USA	83605-4800
DIRECTOR	WANDA NEWTON	1717 ARLINGTON AVENUE	CALDWELL	ID	USA	83605-4800
5. Organized Under the Laws of:  <b>ID C 58141</b>		6. Annual Report must be signed.* Signature: Sharon L. Seif. Name (type or print): Sharon L. Seif.		Date: 03/23/2018 Title: Secretary		
Processed 03/23/2018		* Electronically provided signatures are accepted as original signatures.				