No. **W 104795**	**Due no later than Jul 31, 2014** **Annual Report Form**	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.** ST. LUKE'S CLINIC - WOOD RIVER, L.L.C. CHRISTINE S NEUHOFF 190 E BANNOCK ST BOISE ID 83712	CHRISTINE S NEUHOFF 190 E BANNOCK ST BOISE ID 83712 3. New 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	ST. LUKE'S WOOD RIVER, LTD.	190 E. BANNOCK	BOISE	ID	USA	83712

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 104795**	Signature: Carol A Wilmes	Date: 05/20/2014
	Name (type or print): Carol A Wilmes	Title: Exec. Assistant

Processed 05/20/2014

* Electronically provided signatures are accepted as original signatures.