No. C 36746 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Due no later than Aug 31, 2014 Annual Report Form 1. Mailing Address: Correct in this box if needed. SAINT ALPHONSUS MEDICAL CENTER - NAMPA, INC. LANNIE CHECKETTS 1512 12TH AVE RD NAMPA ID 83686		2. Registered Ag	2. Registered Agent and Address (NO PO BOX) SALLY JEFFCOAT			
				SALLY JEFFO				
				1055 N CURTIS RD BOISE ID 83706 3. New Registered Agent Signature:*				
								1. Corporations: Enter
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	DANIEL PUGA		7240 LATTIGO DRIVE	NAMPA	ID	USA	83686	
DIRECTOR	DANIEL DJ WIEBOLD		8576 BIGFOOT ROAD	MELBA	ID	USA	83641	
VICE PRESIDENT	PAM WHITE		3710 E MAN O' WAR	NAMPA	ID	USA	83686	
PRESIDENT	JEFF AGENBROAD		3615 PORTLAND AVE	NAMPA	ID	USA	83686	
DIRECTOR	VICTOR YAMAMOTO		8801 JOPLIN ROAD	CALDWELL	ID	USA	83605	
SECRETARY	HARTLEY STUART		305 S. VALLEY COURT	NAMPA	ID	USA	83686	
TREASURER	KARL KEELER		1512 12TH AVE RD	NAMPA	ID	USA	83686	
DIRECTOR	DOLORES PREISINGER		5027 COPPER CREEK ROAD	OMAHA	NE	USA	68157	
DIRECTOR	RANDALL HUTCHINGS		12225 DEER FLAT ROAD	NAMPA	ID	USA	83686	
DIRECTOR	STUART K HARTLEY		305 S. VALLEY COURT	NAMPA	ID	USA	83686	
DIRECTOR	LYNDA CAMPBELL CLARK		936 SOUTH WHITEWATER	NAMPA	ID	USA	83686	
DIRECTOR	JAMES GARDNER		15420 FROST ROAD	CALDWELL	ID	USA	83607	
DIRECTOR	BRIAN BURKS		23863 APPLEWOOD WAY	NAMPA	ID	USA	83687	
5. Organized Under th	e Laws of:	6. Annual Report i	must be signed.*					
ID		Signature: Natalie Raynor		Date: 0	Date: 06/11/2014			
C 36746		Name (type or print): Natalie Raynor			Title: Executive Assistant			
Processed 06/11/2014		* Electronically pro	vided signatures are accepted as origina	l signatures.				