No. <b>C 132060</b>		Due	2. Registered Ag	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.  PORTNEUF MEDICAL CENTER AUXILIARY, INC.  MONICA WHITE VOLUNTEER SERVICES  777 HOSPITAL WAY  POCATELLO ID 83201		777 HOSPITA POCATELLO	HARLOW ANDERSON 777 HOSPITAL WAY POCATELLO ID 83201  3. New Registered Agent Signature:*		
4. Corporations: Enter Name	es and Busin	ess Addresses of Pr	esident, Secretary, and Directors. Treasur	er (optional).			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
DIRECTOR N	DIRECTOR MONICA WHITE		777 HOSPITAL WAY	POCATELLO	ID	USA	83201
PRESIDENT J	RESIDENT JOAN MCCUNE		30 COLGATE	POCATELLO	ID	USA	83201
SECRETARY	RETARY BOBBY JO CHRIS		1321 JENA DR	CHUBBUCK	ID	USA	83202
TREASURER F	KAREN RUCHTI		13547 W. MEADOWLARK LN	POCATELLO	ID	USA	83204
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 132060		Signature: Kare		Date: 02/21/2017			
		Name (type or p		Title: Treasurer			
Processed 02/21/2017	* Electronically provided signatures are accepted as original signatures.						