

No. C 81130		Due no later than Apr 30, 2010		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. MCCALL MEMORIAL HOSPITAL AUXILIARY, INC. JOAN A PERRY PO BOX 2192 MCCALL ID 83638 USA		LYLE NELSON 1000 STATE ST MCCALL MEMORIAL HOSPITAL MCCALL ID 83638		
				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	MICHAEL BURKE	PO BOX 2192	MCCALL	ID	USA	83638
DIRECTOR	ROZ CAMPBELL	PO BOX 2192	MCCALL	ID	USA	83638
DIRECTOR	KATHY VILLENEUVE	PO BOX 2192	MCCALL	ID	USA	83638
DIRECTOR	HELEN EIMERS	PO BOX 2192	MCCALL	ID	USA	83638
DIRECTOR	DIANNA BRUNSTING	PO BOX 2192	MCCALL	ID	USA	83638
DIRECTOR	CONNIE HEINZMANN	P.O. BOX 2192	MCCALL	ID	USA	83638
TREASURER	DIANE DOBSON	P.O. BOX 2192	MCCALL	ID	USA	83638
SECRETARY	JOAN A PERRY	P.O. BOX 2192	MCCALL	ID	USA	83638
PRESIDENT	JUDY VANKOMEN	P.O. BOX 2192	MCCALL	ID	USA	83638
5. Organized Under the Laws of: ID C 81130		6. Annual Report must be signed.* Signature: Joan A. Perry Name (type or print): Joan A. Perry Date: 02/16/2010 Title: Secretary				
Processed 02/16/2010		* Electronically provided signatures are accepted as original signatures.				