No. **C 194578**	**Due no later than May 31, 2018** **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 COORDINATED CARE, LTD. 190 E BANNOCK BOISE ID 83712	CHRISTINE NEUHOFF 815 E PARK BLVD BOISE ID 83712-8371 3. New 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	PAM LINDEMOEN	190 E. BANNOCK	BOISE	ID	USA	83712
PRESIDENT	GEORGE BEAUREGARD	190 E. BANNCOK	BOISE	ID	USA	83712
TREASURER	JEFFREY TAYLOR	190 E. BANNCOK	BOISE	ID	USA	83712
SECRETARY	CHRISTINE NEUHOFF	190 E. BANNOCK	BOISE	ID	USA	83712
DIRECTOR	JAMES SOUZA, MD	190 E. BANNOCK	BOISE	ID	USA	83712
DIRECTOR	KURT SEPPI, MD	190 E. BANNOCK	BOISE	ID	USA	83712
DIRECTOR	JOHN KAISER, MD	190 E. BANNOCK	BOISE	ID	USA	83712
DIRECTOR	AARON BROWN, MD	190 E. BANNOCK	BOISE	ID	USA	83712
DIRECTOR	CHRIS ROTH	190 E. BANNOCK	BOISE	ID	USA	83712
DIRECTOR	DAVID SELF	190 E. BANNOCK	BOISE	ID	USA	83712
DIRECTOR	ROBERT OHLENSEHLEN	190 E. BANNOCK	BOISE	ID	USA	83712
DIRECTOR	DAVID PETERMAN, MD	190 E. BANNOCK	BOISE	ID	USA	83712
DIRECTOR	CYNTHIA YORK	190 E. BANNOCK	BOISE	ID	USA	83712
DIRECTOR	GARY FLETCHER	190 E	BOISE	ID	USA	83712

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 194578**	Signature: Carol Wilmes	Date: 05/02/2018
	Name (type or print): Carol Wilmes	Title: Exec. Assistant

Processed 05/02/2018

* Electronically provided signatures are accepted as original signatures.