

No. <b>C 35705</b>		<b>Due no later than Aug 31, 2012</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> ST. LUKE'S REGIONAL MEDICAL CENTER AUXILIARY, INC. AUXILIARY PRESIDENT 190 EAST BANNOCK BOISE ID 83712		CHRISTINE NEUHOFF 190 EAST BANNOCK BOISE ID 83712		
				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
TREASURER	DIANE JACOBSEN	534 E. RIVER QUARRY CT.	EAGLE	ID	USA	83616
SECRETARY	ROBIN FISHER	1879 RIDGE POINT WAY	BOISE	ID	USA	83712
PRESIDENT	CINDY HANKS	11665 W. FREEDOM DRIVE	BOISE	ID	USA	83713
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
<b>ID C 35705</b>		Signature: Diane Jacobsen		Date: 09/07/2012		
		Name (type or print): Diane Jacobsen		Title: Treasurer		
Processed 09/07/2012		* Electronically provided signatures are accepted as original signatures.				