

July 25, 1995

SAINT ALPHONSUS REGIONAL MEDICAL...  
CENTER AUXILIARY  
1055 N CURTIS  
BOISE ID 83706

RE: SAINT ALPHONSUS REGIONAL MEDICAL...File Number C 37355

Dear Sir:

Please find enclosed your recently submitted annual report for the 1995-1996 fiscal year. We are unable to accept it in its present form. Please make the following correction(s) and return to this office.

Block 5 on your annual report must be completed to show the nature of business of the corporation.

The annual report must be signed by an authorized individual designated by the board of the corporation.

If you have any questions or need further assistance, please do not hesitate to contact me at (208) 332-2816.

Very truly yours,

Tonya Herold  
Corporate Division

Enclosures: cited

## INSTRUCTIONS ON REVERSE SIDE

No. 37355	Idaho Corporation Annual Report Form	2. Registered Agent and Office NOT A P.O. BOX
Return To	Due No Later Than November 30, 1995	CATHERINE RECKMEYER
Secretary of State	1. Mailing Address -- Please Correct If Not Correct	1055 N CURTIS
700 W Jefferson	SAINT ALPHONSUS REGIONAL MEDICAL	SAINT ALPHONSUS
P.O. Box 83720	CENTER AUXILIARY	BOISE ID 83706
Boise, ID 83720-0080	1055 NO. CURTIS	3. Incorporated Under The Laws of
* FIRST NOTICE *	BOISE ID 83706	ID
NO FEE REQUIRED		NO: 37355

## 4. Names and Addresses of Officers and Directors

Name

Street or P.O. Address

City

State

Postal Code

President:

Secretary:

Directors:

See attached

## 5. Nature of Business

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.

Signature

Date

Name  
(Typed or Printed)

Title