

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	1. Idaho Corporation Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX	
Return To	Due No Later Than November 305		CATHERINE RECKMEYER	
Secretary of State 700 W Jefferson P.O. Box 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED	1. Mailing Address -- Please Correct If Not Correct SAINT ALPHONSUS REGIONAL MEDICAL CENTER AUXILIARY 1055 NO. CURTIS BOISE ID 83706		1055 N CURTIS SAINT ALPHONSUS BOISE ID 83706	
		3. Incorporated Under The Laws of ID		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 \_\_\_\_\_