

No. C 165588		Due no later than Mar 31, 2012		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. ST. LUKE'S HEALTH SYSTEM, LTD. CHRISTINE NEUHOFF 190 E BANNOCK BOISE ID 83712		CHRISTINE NEUHOFF 190 E 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
SECRETARY	CHRISTINE NEUHOFF	420 W. IDAHO STREET	BOISE	ID	USA	83702
TREASURER	JEFFREY TAYLOR	420 W. IDAHO STREET	BOISE	ID	USA	83702
DIRECTOR	JIM SMITH MD	420 W. IDAHO STREET	BOISE	ID	USA	83702
DIRECTOR	ARTHUR OPPENHEIMER	420 W. IDAHO STREET	BOISE	ID	USA	83702
DIRECTOR	ALAN HORNER	420 W. IDAHO STREET	BOISE	ID	USA	83702
DIRECTOR	DAVID DINGMAN	420 W. IDAHO STREET	BOISE	ID	USA	83702
DIRECTOR	LUCIE DIMAGGIO MD	420 W. IDAHO STREET	BOISE	ID	USA	83702
DIRECTOR	LARRY COPE	420 W. IDAHO STREET	BOISE	ID	USA	83702
DIRECTOR	ALICE HENNESSEY	420 W. IDAHO STREET	BOISE	ID	USA	83702
DIRECTOR	JON MILLER	420 W. IDAHO STREET	BOISE	ID	USA	83702
DIRECTOR	BRIGETTE BILYEU	420 W IDAHO STREET	BOISE	ID	USA	83702
DIRECTOR	TOM SALDIN	420 W IDAHO STREET	BOISE	ID	USA	83702
PRESIDENT	DAVID PATE	420 W. IDAHO STREET	BOISE	ID	USA	83702
5. Organized Under the Laws of: ID C 165588		6. Annual Report must be signed.* Signature: Carol Wilmes Name (type or print): Carol Wilmes Date: 01/20/2012 Title: Executive Assistant				
Processed 01/20/2012		* Electronically provided signatures are accepted as original signatures.				