

No. C 174500		Due no later than Aug 31, 2015		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. SAINT ALPHONSUS MEDICAL CENTER - NAMPA HEALTH FOUNDATION, INC. LLOYD LYMAN 1512 12TH AVE RD NAMPA ID 83686 USA		LANNIE CHECKETTS 1512 12TH AVE RD NAMPA ID 83686		
				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
DIRECTOR	JIM REAMES	1536 CALDWELL BOULEVARD	NAMPA	ID	USA	83686
DIRECTOR	CRAIG KINGSBURY	123 S BEECHWOOD DRIVE	NAMPA	ID	USA	83686
DIRECTOR	DAN NOGALES	623 SOUTH UNIVERSITY BOULEVARD	NAMPA	ID	USA	83686
DIRECTOR	WILLIAM BLACK	420 E ELM ST	CALDWELL	ID	USA	83605
DIRECTOR	JENNIFER DEROIN	5680 EAST FRANKLIN ROAD	NAMPA	ID	USA	83687
DIRECTOR	LYNDA CLARK	2780 S. GATEWOOD LANE	BOISE	ID	USA	83709
DIRECTOR	JON BROUGHER	5660 E FRANKLIN ROD SUITE 101	NAMPA	ID	USA	83687
DIRECTOR	BETH INECK	411 3RD STREET SOUTH	NAMPA	ID	USA	83651
DIRECTOR	KEVIN RIGENHAGEN	98 MCCLURE	NAMPA	ID	USA	83651
DIRECTOR	MELISSA HOWARD	176 2ND STREET SOUTH	NAMPA	ID	USA	83651
DIRECTOR	RUTH JACKSON	4590 WEST DAWSON DRIVE	MERIDIAN	ID	USA	83646
PRESIDENT	KARL KEELER	1512 12TH AVE. RD.	NAMPA	ID	USA	83686
5. Organized Under the Laws of: ID C 174500		6. Annual Report must be signed.* Signature: Natalie Raynor Name (type or print): Natalie Raynor Date: 06/25/2015 Title: Executive Assistant				
Processed 06/25/2015		* Electronically provided signatures are accepted as original signatures.				