

No. C 35705		Due no later than Aug 31, 2018		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 REGIONAL MEDICAL CENTER AUXILIARY, INC. AUXILIARY PRESIDENT 190 EAST BANNOCK BOISE ID 83712		CHRISTINE NEUHOFF 815 E PARK BLVD 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	RANDY ANDREWS	2787 FALLING BROOK	BOISE	ID	USA	83706
SECRETARY	MARSHA PETERCSAK	4251 S. RIMVIEW WAY	BOISE	ID	USA	83716
PRESIDENT	ROBIN FISHER	1879 S RIDGE POINT WAY	BOISE	ID	USA	83712
5. Organized Under the Laws of: ID C 35705		6. Annual Report must be signed.* Signature: Robin Fisher Name (type or print): Robin Fisher Date: 08/03/2018 Title: President				
Processed 08/03/2018		* Electronically provided signatures are accepted as original signatures.				