

No. C 29768	Due no later than January 31, 2008 Annual Report Form		2. Registered Agent and Office NO PO BOX													
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable  ST. MARY'S HOSPITAL, INC. PO BOX 137 COTTONWOOD, ID 83522		CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 300 NORTH 6TH STREET BOISE, ID 83702 USA													
			3. New Registered Agent Signature													
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>CEO</td> <td>Colleen Meza</td> <td>PO Box 137</td> <td>Cottonwood</td> <td>ID</td> <td>83522</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	CEO	Colleen Meza	PO Box 137	Cottonwood	ID	83522
Office held	Name	Street or P.O. Address	City	State	Zip											
CEO	Colleen Meza	PO Box 137	Cottonwood	ID	83522											
5. Organized Under the Laws of:  IDAHO C 29768		6. Signature <u><i>Lennd J Bonner</i></u> Date <u>12/18/07</u> Name (Typed or Printed) <u>Lennd J Bonner</u> Title <u>CFO</u>														

Issued 11/01/2007

Do Not Tape or Staple

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