

No. C 174500		Due no later than Aug 31, 2013		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		LANNIE CHECKETTS 1512 12TH AVE RD NAMPA ID 83686			
		1. Mailing Address: Correct in this box if needed. SAINT ALPHONSUS MEDICAL CENTER - NAMPA HEALTH FOUNDATION, INC. MEAGAN E ELLIS 1512 12TH AVE RD NAMPA ID 83686 USA		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	MEAGAN ELLIS	1512 12TH AVE.	NAMPA	ID	USA	83686	
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: Meagan E. Ellis Name (type or print): Meagan E. Ellis Date: 06/12/2013 Title: Foundation Director					
Processed 06/12/2013		* Electronically provided signatures are accepted as original signatures.					