

No. C 35705		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. ST. LUKE'S REGIONAL MEDICAL CENTER AUXILIARY, INC. AUXILIARY PRESIDENT 190 EAST BANNOCK BOISE ID 83712		CHRISTINE NEUHOFF 190 EAST 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
TREASURER	DIANE JACOBSEN	534 E. RIVER QUARRY CT.	EAGLE	ID	USA	83616
SECRETARY	ROBIN FISHER	1879 RIDGE POINT WAY	BOISE	ID	USA	83712
PRESIDENT	CAROL TEATER	5671 E GATEWAY DR	BOISE	ID	USA	83716
5. Organized Under the Laws of: ID C 35705		6. Annual Report must be signed.* Signature: Shelby Hendrickson Name (type or print): Shelby Hendrickson Date: 07/09/2015 Title: Accountant				
Processed 07/09/2015		* Electronically provided signatures are accepted as original signatures.				