

|  |                    |  |           |  |         |             |
|--|--------------------|--|-----------|--|---------|-------------|
| No. <b>C 132060</b>  |                    | <b>Due no later than Jan 31, 2008</b>  |           | 2. Registered Agent and Address <b>(NO PO BOX)</b>       |         |             |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                    | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br>PORTNEUF MEDICAL CENTER AUXILIARY, INC.<br>MONICA WHITE VOLUNTEER SERVICES<br>651 MEMORIAL DR<br>POCATELLO ID 83201<br>USA |           | HARLOW ANDERSON<br>651 MEMORIAL DR<br>POCATELLO ID 83201 |         |             |
|  |                    |  |           | 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   | MONICA WHITE       | 651 MEMORIAL DR  | POCATELLO | ID   | USA     | 83201       |
| PRESIDENT  | VALAINE LEPCHENSKE | 651 MEMORIAL DRIVE   | POCATELLO | ID   | USA     | 83202       |
| SECRETARY  | LESLIE ANDERSON    | 651 MEMORIAL DRIVE   | POCATELLO | ID   | USA     | 83201       |
| TREASURER  | HARLOW ANDERSON    | 651 MEMORIAL DRIVE   | POCATELLO | ID   | USA     | 83201       |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 132060</b>  |                    | 6. Annual Report must be signed.*<br>Signature: Monica White<br>Name (type or print): Monica White<br>Date: 12/20/2007<br>Title: Director Volunteer Services   |           |  |         |             |
| Processed 12/20/2007   |                    | * Electronically provided signatures are accepted as original signatures.  |           |  |         |             |