No. C 82473		Due no later than Nov 30, 2016	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form	SHARON H LAIRD			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. EASTERN IDAHO REGIONAL MEDICAL CENTER AUXILIARY, INC. ANNETTE LEE 3100 CHANNING WAY	3100 CHANNING WAY IDAHO FALLS ID 83401 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		IDAHO FALLS ID 83404 USA				
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
PRESIDENT VICE PRESIDENT	ANNETTE LE SHANE WILK		IDAHO FALLS IDAHO FALLS	ID ID	USA USA	83404 83404
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID		Signature: Annette Lee	Date: 11/09/2015			
C 82473		Name (type or print): Annette Lee	Title: President			
Processed 11/09/2015 * Electronically provided signatures are accepted as original signatures.						