

No. C 12001		Due no later than Mar 31, 2008 Annual Report Form		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		1. Mailing Address: Correct in this box if needed. ST. JOSEPH REGIONAL MEDICAL CENTER, INC. PARMA NELSON 415 6TH STREET LEWISTON ID 83501		HOWARD A HAYES 415 6TH STREET LEWISTON ID 83501			
						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	COLIN DOYLE, M.D.	330 WARNER DRIVE	LEWISTON	ID	USA	83501	
DIRECTOR	TERRY KOLB	3962 B LAKEVIEW DR.	LEWISTON	ID	USA	83501	
PRESIDENT	SISTER ESTHER POLACCI	OUR LADY OF LOURDES COMMUNITY 520 NORTH FOURTH AVENUE	PASCO,	WA	USA	99302-2568	
DIRECTOR	MARCY SPILKER	641 24TH AVENUE	LEWISTON	ID	USA	83501	
DIRECTOR	BOB COLEMAN	COLEMAN OIL 335 MILL ROAD, P O BOX 1308	LEWISTON	ID	USA	83501	
SECRETARY	MORGAN WILSON, M.D.	PATHOLOGISTS REGIONAL LAB 415 SIXTH STREET	LEWISTON	ID	USA	83501	
DIRECTOR	MIKE DAY	4028 FAIRWAY DRIVE	LEWISTON	ID	USA	83501	
DIRECTOR	SR. MARGARET M POLACCI	1320 HENRY	PASCO	WA	USA	99301	
DIRECTOR	SR. MARY WILLIAMS	OUR LADY OF LOURDES COMMUNITY 529 NORTH FOURTH AVENUE	PASCO	WA	USA	99301	
DIRECTOR	JOY RAPP	LEWISTON SCHOOL DISTRICT 3317 12TH STREET	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of: ID C 12001		6. Annual Report must be signed.* Signature: Kim Driskill Name (type or print): Kim Driskill Date: 04/04/2008 Title: Administrative Assistant					
Processed 04/04/2008		* Electronically provided signatures are accepted as original signatures.					