No. C 43916		Due no later than Jun 30, 2008			2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			ALAN STEVENSON 709 NORTH LINCOLN JEROME ID 83338 3. New Registered Agent Signature:*			
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.		d.				
		ST. BENEDICT'S HOSPITAL FOUNDATION, INC. ALAN STEVENSON 709 NORTH LINCOLN JEROME ID 83338						
4. Corporations: Enter N	ames and Busin	ess Addresses of Preside	nt, Secretary, and Directors. Trea	asurer (d	optional).			
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
TREASURER	DAWN SOTO		PO BOX 527		JEROME	ID	USA	83338
SECRETARY	RETARY CARL MORRELL		1015 4TH AVENUE DRIVE		JEROME	ID	USA	83338
PRESIDENT	JUDI SCANT	LIN	PO BOX 414		JEROME	ID	USA	83338
5. Organized Under the Laws of:		6. Annual Report must I	pe signed.*					
ID C 43916		Signature: Gail Henderson			Date: 05/01/2008			
		Name (type or print): Gail Henderson			Title: Foundation Coordinator			
Processed 05/01/2008	* Electronically provided signatures are accepted as original signatures.							