

No. C 35705		Due no later than Aug 31, 2016		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	RANDY ANDREWS	2787 FALLING BROOK	BOISE	ID	USA	83706
SECRETARY	ROBIN FISHER	1879 RIDGE POINT WAY	BOISE	ID	USA	83712
PRESIDENT	DEBBIE HALTERMANN	998 SHADOW CREEK LN	EAGLE	ID	USA	83616
5. Organized Under the Laws of: ID C 35705		6. Annual Report must be signed.* Signature: Renee Zerwas Name (type or print): Renee Zerwas Date: 06/21/2016 Title: Director, Volunteers				
Processed 06/21/2016		* Electronically provided signatures are accepted as original signatures.				