No. <b>C 132060</b>		Due no later than Jan 31, 2014		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		The state of the s	HARLOW ANDERSON			
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.  PORTNEUF MEDICAL CENTER AUXILIARY, INC.  MONICA WHITE VOLUNTEER SERVICES  777 HOSPITAL WAY  POCATELLO ID 83201  USA		NAME OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY.	777 HOSPITAL WAY POCATELLO ID 83201			
				POCATELLO	3. New Registered Agent Signature:*			
				3. <u>New</u> Registere				
4. Corporations: Enter Na	mes and Busin	ess Addresses of	President, Secretary, and Directors. Treasu	ırer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	MONICA WHITE		777 HOSPITAL WAY	POCATELLO	ID	USA	83201	
PRESIDENT	NT JANICE OTIS		2098 TRUCKERVILLE RD	POCATELLO	ID	USA	83204	
SECRETARY	BARBARA SHELTON		305 CANYON DR	POCATELLO	ID	USA	83204	
TREASURER	JULIE STUCKI		796 CREEKSIDE CIR	POCATELLO	ID	USA	83204	
5. Organized Under the Laws of: 6.		6. Annual Report must be signed.*						
ID C 132060		Signature: Julie Stucki			Date: 03/12/2014			
		Name (type or print): Julie Stucki			Title: Treasurer			
Processed 03/12/2014 * Electronically provided signatures are accepted as original signatures.								