

No. C 35705		Due no later than Aug 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		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		JEFFREY S TAYLOR 190 EAST BANNOCK BOISE ID 83712			
NO FILING FEE IF RECEIVED BY DUE DATE				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	DIANE JACOBSEN	534 E. RIVER QUARRY CT.	EAGLE	ID	USA	83616	
SECRETARY	BECKI ELLIOTT	1210 E. RIVERS END	EAGLE	ID	USA	83616	
PRESIDENT	DAVE KIMBROUGH	P.O. BOX 1210	EAGLE	ID	USA	83616	
5. Organized Under the Laws of: ID C 35705		6. Annual Report must be signed.* Signature: Jeffrey S. Taylor Name (type or print): Jeffrey S. Taylor Date: 08/27/2008 Title: V.p., Cfo					
Processed 08/27/2008		* Electronically provided signatures are accepted as original signatures.					