

No. C 76750		Due no later than Sep 30, 2011		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. NORTH CANYON MEDICAL CENTER FOUNDATION, INC. LILLIAN ESTERBR NORTH CANYON MEDICAL CENTER FO 267 NORTH CANYON DRIVE GOODING ID 83330		LILLIAN EASTERBROOK NORTH CANYON MEDICIAL CENTER F 267 N CANYON DR GOODING ID 83330	
				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
PRESIDENT	LILLIAN L ESTERBROOK	267 NORTH CANYON DRIVE	GOODING	ID	USA 83330
5. Organized Under the Laws of: ID C 76750		6. Annual Report must be signed.* Signature: Le Date: 07/29/2011 Name (type or print): Le Title: President			
Processed 07/29/2011		* Electronically provided signatures are accepted as original signatures.			