

No. C 3925		Due no later than Dec 31, 2014		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		CHRISTINE NEUHOFF 190 E BANNOCK BOISE 83712			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		ST. LUKE'S REGIONAL MEDICAL CENTER, LTD. KATHY MOORE 190 E. BANNOCK BOISE ID 83712					
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	
DIRECTOR	KATHY MOORE	190 E. BANNOCK	BOISE	ID	USA	83712	
DIRECTOR	DEAN HOVDEY	190 E. BANNOCK	BOISE	ID	USA	83712	
DIRECTOR	CAROL FEIDER	190 E. BANNOCK	BOISE	ID	USA	83712	
DIRECTOR	MIKE MOONEY	190 E. BANNOCK	BOISE	ID	USA	83712	
SECRETARY	JIM EVERETT	190 E. BANNOCK	BOISE	ID	USA	83712	
DIRECTOR	A.J. BALUKOFF	190 E. BANNOCK	BOISE	ID	USA	83712	
DIRECTOR	LESLIE NONA MD	190 E. BANNOCK	BOISE	ID	USA	83712	
DIRECTOR	BISHOP BRIAN THOM	190 E BANNOCK	BOISE	ID	USA	83712	
DIRECTOR	KATIE REYNOLDS MD	190 E BANNOCK	BOISE	ID	USA	83712	
DIRECTOR	JOY KEALEY	190 E. BANNOCK	BOISE	ID	USA	83712	
DIRECTOR	JOHN JACKSON	190 E. BANNOCK	BOISE	ID	USA	83712	
DIRECTOR	GEORGE ILIFF	190 E. BANNOCK	BOISE	ID	USA	83712	
DIRECTOR	THOMAS HUNTINGTON MD	190 E. BANNOCK	BOISE	ID	USA	83712	
DIRECTOR	BILL RINGERT	190 E. BANNOCK	BOISE	ID	USA	83712	
DIRECTOR	RON SALI	190 E. BANNOCK	BOISE	ID	USA	83712	
DIRECTOR	BRAD WISKIRCHEN	190 E. BANNOCK	BOISE	ID	USA	83712	
5. Organized Under the Laws of: ID C 3925		6. Annual Report must be signed.* Signature: Carol A. Wilmes Name (type or print): Carol A. Wilmes		Date: 10/24/2014 Title: Exec. Assistant			
Processed 10/24/2014		* Electronically provided signatures are accepted as original signatures.					