No. C 37355		Due no later than Apr 30, 2015	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form	CATHERINE RECKMEYER 1055 N CURTIS			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.				
		SAINT ALPHONSUS REGIONAL MEDICAL CENTER AUXILIARY, INC. NANCY MOULTON FOUNDATION 1055 N CURTIS RD	SAINT ALPHONSUS BOISE 83706 3. New Registered Agent Signature:*			
NO FILING FEE IF		BOISE ID 83706				
RECEIVED BY DUE DATE						
4. Corporations: Enter Names	s and Busine	ess Addresses of President, Secretary, and Directors. Treasurer	(optional).			
Office Held N	ame	Street or PO Address	City	State	Country	Postal Code
PRESIDENT CONNIE MAU		JS 2682 E MOUNT ETNA ST	MERIDIAN	ID	USA	83642
SECRETARY JL	JLIA GRASS	5 5601 E DEER PLAT RD	KUNA	ID	USA	83634
DIRECTOR JOAN STIRLI		NG 9225 STEWART RD	MERIDIAN	ID	USA	83642
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID		Signature: Nancy Moulton	Date: 02/16/2015			
C 37355		Name (type or print): Nancy Moulton	orint): Nancy Moulton Title: Director			
Processed 02/16/2015	* Electronically provided signatures are accepted as original signatures.					