



0005102884

**STATE OF IDAHO***Office of the secretary of state, Phil McGrane***ANNUAL REPORT**

Idaho Secretary of State
PO Box 83720
Boise, ID 83720-0080
(208) 334-2301
Filing Fee: \$0.00

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File #: 0005102884

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Entity Name and Mailing Address:

Entity Name: ST. LUKE'S MAGIC VALLEY REGIONAL MEDICAL CENTER, LTD.

The file number of this entity on the records of the Idaho Secretary of State is: 0000502252

Address: 190 E BANNOCK ST
BOISE, ID 83712-6241

Entity Details:

Entity Status: Active-Good Standing

This entity is organized under the laws of: IDAHO

If applicable, the old file number of this entity on the records of the Idaho Secretary of State was: C165589

The registered agent on record is:

Registered Agent: CHRISTINE NEUHOFF
Registered Agent

Physical Address:
815 E PARK BLVD
BOISE, ID 83712

Mailing Address:

Corporate Officers and Directors:

Name	Title	Business Address
Chris Roth	President	190 E. BANNOCK BOISE, ID 83712
Bob Lokken	Director	190 E. BANNOCK BOISE, ID 83712
Christy Neuhooff	Secretary	190 E. BANNOCK BOISE, ID 83712
 Jeff Taylor	Treasurer	190 E. BANNOCK BOISE, ID 83712
Brigette Bilyeu	Director	190 E. BANNOCK BOISE, ID 83712
Tom Corrick	Director	190 E. BANNOCK BOISE, ID 83712
Lucie DiMaggio, MD	Director	190 E. BANNOCK BOISE, ID 83712
Mark Durcan	Director	190 E. BANNOCK BOISE, ID 83712
Lisa Grow	Director	190 E. BANNOCK BOISE, ID 83712
Dan Krahn	Director	190 E. BANNOCK BOISE, ID 83712



Allan Korn, MD	Director	190 E. BANNOCK BOISE, ID 83712
Jon Miller	Director	190 E. BANNOCK BOISE, ID 83712
Rich Raimondi	Director	190 E. BANNOCK BOISE, ID 83712
Andy Scoggin	Director	190 E. BANNOCK BOISE, ID 83712
Karen Vauk	Director	190 E. BANNOCK BOISE, ID 83712
Bill Whitacre	Director	190 E. BANNOCK BOISE, ID 83712
Emily Baker	Director	190 E. BANNOCK BOISE, ID 83712
Rosa Davila	Director	190 E. BANNOCK BOISE, ID 83712
Bill Gilbert	Director	190 E. BANNOCK BOISE, ID 83712

The annual report must be signed by an authorized signer of the entity.
Job Title: Executive Assistant

Carol Wilmes 02/08/2023

Sign Here _____ Date _____