

37355-2

CERTIFICATE OF APPOINTMENT
OF REGISTERED AGENT

100 APR 4 AM 8 40
KNOW ALL MEN BY THESE PRESENTS:

That Saint Alphonsus Hospital Auxiliary, Inc.,
(Name of Corporation)
an Idaho corporation, pursuant to section 30-1-12, Idaho Code, and by authority of its Board of Directors, does
hereby appoint Sylvia C. Stone,
(Name of Registered Agent)
of 495 White Cloud Dr., Boise, Idaho as its
(street address) (city)

Registered Agent in the State of Idaho, upon whom process issued by authority of or under any law of the State of Idaho may be served.

IN WITNESS WHEREOF the corporation has caused this certificate to be executed and verified by its
President (or Vice-President) on this 10th day of March, 19 80.

Saint Alphonsus Hospital Auxiliary, Inc.

(Name of Corporation)

By *Donna L. Follmer*

(President or Vice-President)

Auxiliary President

(Title)

STATE OF Idaho }
County of ada } ss.

Subscribed and sworn to before me this 2 day of Aprile, 19 80.

IN WITNESS WHEREOF, I have hereunto set my hand and
affixed my seal.

Marsha A. Williams

Notary public

(Title)