

No. C 48532		Due no later than Nov 30, 2014 Annual Report Form		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		1. Mailing Address: Correct in this box if needed. ST. LUKE'S WOOD RIVER MEDICAL CENTER VOLUNTEER CORE, INC. SLWR VOLUNTEER CORE BOARD PO BOX 3525 KETCHUM ID 83340		PETER BECKER 206 E WALNUT AVENUE HAILEY 83333			
						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	
TREASURER	TISH JOCHUMS	PO BOX 896	BELLEVUE	ID	USA	83313	
PRESIDENT	LAURIE FITZPATRICK	PO BOX 4753	KETCHUM	ID	USA	83340	
SECRETARY	NORMA BRENDL	PO BOX 1723	SUN VALLEY	ID	USA	83353	
5. Organized Under the Laws of: ID C 48532		6. Annual Report must be signed.* Signature: Tish Jochums Name (type or print): Tish Jochums					
		Date: 10/14/2014 Title: Treasurer					
Processed 10/14/2014		* Electronically provided signatures are accepted as original signatures.					