

No. C 12001		Due no later than Mar 31, 2010		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 1. Mailing Address: Correct in this box if needed. ST. JOSEPH REGIONAL MEDICAL CENTER, INC. PARMA NELSON 415 6TH STREET LEWISTON ID 83501		HOWARD A HAYES 415 6TH STREET LEWISTON ID 83501		
				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
DIRECTOR	TERRY KOLB	3962 B LAKEVIEW DR.	LEWISTON	ID	USA	83501-1524
DIRECTOR	SISTER ESTHER POLACCI	OUR LADY OF LOURDES COMMUNITY 520 NORTH FOURTH AVENUE	PASCO,	WA	USA	99302-2568
SECRETARY	MARCY SPILKER	641 24TH AVENUE	LEWISTON	ID	USA	83501-2568
DIRECTOR	BOB COLEMAN	COLEMAN OIL 335 MILL ROAD, P O BOX 1308	LEWISTON	ID	USA	83501-2568
DIRECTOR	MORGAN WILSON, M.D.	PATHOLOGISTS REGIONAL LAB 415 SIXTH STREET	LEWISTON	ID	USA	83501-2568
DIRECTOR	MIKE DAY	4028 FAIRWAY DRIVE	LEWISTON	ID	USA	83501-2568
DIRECTOR	SR. MARY WILLIAMS	OUR LADY OF LOURDES COMMUNITY 529 NORTH FOURTH AVENUE	PASCO	WA	USA	99301-2568
DIRECTOR	JOY RAPP	LEWISTON SCHOOL DISTRICT 3317 12TH STREET	LEWISTON	ID	USA	83501-2568
DIRECTOR	COLIN DOYLE, M.D.	330 WARNER DRIVE	LEWISTON	ID	USA	83501-2568
DIRECTOR	SISTER ANNE MCMULLEN	11999 CHALON ROAD	LOS ANGELES	CA	USA	90049-1524
5. Organized Under the Laws of: ID C 12001		6. Annual Report must be signed.* Signature: Parma J. Nelson Name (type or print): Parma J. Nelson Date: 01/13/2010 Title: Executive Secretary				
Processed 01/13/2010		* Electronically provided signatures are accepted as original signatures.				