



## Idaho Corporation Annual Report Form



File online at: [sosbiz.idaho.gov](http://sosbiz.idaho.gov)

Due no later than: 11/30/2020

**Annual Report: No filing fee if received by the due date.**

Return completed form within 30 days to:

Idaho Secretary of State

Attn: Annual Reports

450 North 4th Street

Boise, ID 83720

Phone: (208) 334-2300

**SOS Control Number:** 257368

**Filing Status:** Active-Good Standing

**Non-Profit Corporation (D)**

**Date Formed:** 11/06/1986

**Formation Locale:** ID

**Name and Mailing Address:**

EASTERN IDAHO REGIONAL MEDICAL CENTER AUXILIARY, INC.

3100 CHANNING WAY

IDAHO FALLS, ID 83404-7533

(1) Add or Change Mailing Address:

ATTN: VOLUNTEER SERVICES  
3100 Channing Way  
Idaho Falls, ID 83404-7533

**Registered Agent (RA) and Registered Office (RO) Address:**

Joyce Balmforth

3100 CHANNING WAY

IDAHO FALLS, ID 83404-7533

(2) Change RA and/or RO Address:

ATTN: VOLUNTEER SERVICES

Note: The Registered Office address must be a physical location.

**(3) New Registered Agent (RA) Signature:**

If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment

**(4) Corporations:** Enter names and business addresses (with zip code) of the President, Vice President, Secretary, Treasurer.

Title	Name	Business Address Same for all	City, State, Zip
President	Joyce Balmforth	{ATTN: Volunteer Services	Idaho Falls, ID 83404
Vice-President	Sheila Carter	{3100 Channing Way	Idaho Falls, ID 83404
Secretary	Jeanna Staten		Idaho Falls, ID 83404
Treasurer	Ronald Tallman		Idaho Falls, ID 83404

**(5) Board of Directors names and business addresses (with zip code). Attach additional sheet if necessary.**

Name	Business Address	City, State, Zip

**(5) Signature:** Joyce Balmforth

**(6) Date:** 01-07-2021

**(7) Type/Print Name:**

**(8) Title:** President

**Instructions:** Legibly complete the form above. Sign and date this form and return to the address provided above.