

No. C 37355		Due no later than Apr 30, 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. SAINT ALPHONSUS REGIONAL MEDICAL CENTER AUXILIARY, INC. NANCY MOULTON FOUNDATION 1055 N CURTIS RD BOISE ID 83706		CATHERINE RECKMEYER 1055 N CURTIS SAINT ALPHONSUS BOISE ID 83706		
				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
PRESIDENT	JUDY NELSON	7950 MCMULLEN	BOISE	ID	USA	83709
TREASURER	JOYCE CALKINS	10915 W GLEN ELLYN	BOISE	ID	USA	83713
SECRETARY	NINA CURTIS	5956 W DRAWBRIDGE DR	BOISE	ID	USA	83702
5. Organized Under the Laws of: ID C 37355		6. Annual Report must be signed.* Signature: Nancy Moulton Name (type or print): Nancy Moulton Date: 05/11/2010 Title: Director				
Processed 05/11/2010		* Electronically provided signatures are accepted as original signatures.				