

No. <b>C 37355</b>		<b>Due no later than Apr 30, 2011</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> 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	DORIS BABIN	6621 RANDOLPH DR	BOISE	ID	USA	83709	
TREASURER	JOYCE CALKINS	10915 W GLEN ELLYN	BOISE	ID	USA	83713	
SECRETARY	PAT GILLOGLY	PO BOX 44804	BOISE	ID	USA	83711	
5. Organized Under the Laws of:  <b>ID C 37355</b>		6. Annual Report must be signed.* Signature: Nancy Moulton Name (type or print): Nancy Moulton Date: 02/07/2011 Title: Director					
Processed 02/07/2011		* Electronically provided signatures are accepted as original signatures.					