

No. <b>C 165589</b>		<b>Due no later than Mar 31, 2009</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b>  ST. LUKE'S MAGIC VALLEY REGIONAL MEDICAL CENTER, LTD. 190 E BANNOCK BOISE ID 83712		ANNE S TAYLOR PITTS 450 FALLS AVE STE 201 TWIN FALLS ID 83301			
						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	CINDY COLLINS	650 ADDISON AVENUE WEST	TWIN FALLS	ID	USA	83301	
SECRETARY	MARK WRIGHT DDS	650 ADDISON AVENUE WEST	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:  <b>ID</b> <b>C 165589</b>		6. Annual Report must be signed.*  Signature: Mark A Schwartz Name (type or print): Mark A Schwartz					
		Date: 03/30/2009 Title: Ceo					
Processed 03/30/2009		* Electronically provided signatures are accepted as original signatures.					