

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

To the Secretary of State of the State of Idaho:

OCT 31 12 17 PM '83
CLERK OF STATE

Pursuant to the provisions of the Idaho Business Corporation Act, the undersigned corporation organized under the laws of the State of Idaho submits the following statement for the purpose of changing its registered office or its registered agent, or both, in the State of Idaho.

1. The name of the corporation is SAINT ALPHONSUS REGIONAL MEDICAL CENTER, INC.
2. The street or RFD address of its present registered office is 1055 North Curtis Road
Boise, Idaho 83706
3. The street or RFD address to which its registered office is to be changed is _____
4. The name of its old registered agent is Sister Beverly Ann Nelson, C.S.C.
5. The name of its new registered agent is Sister Patricia Vandenberg, C.S.C.
6. The address of the registered office and the business address of the registered agent are identical.
7. The foregoing change was authorized by resolution of the board of directors.

Dated September 6, 19 83

By Sister Patricia Vandenberg, C.S.C.
Sister Patricia Vandenberg, C.S.C.
Its _____ President

STATE OF Idaho)
) ss:
COUNTY OF Ada)

I, Marsha A. Williams, a notary public, do hereby certify that on this
26th day of October, 19 83, personally appeared
before me Sister Patricia Vandenberg, C.S.C., who being by me first duly sworn,
she
declared that ~~he~~ is the President of Saint Alphonsus Regional
Medical Center

that he signed the foregoing document as President & Registered Agent of the corporation and
that the statements therein contained are true.

Marsha A. Williams
Notary Public