

No. C 165589		Due no later than Mar 31, 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. ST. LUKE'S MAGIC VALLEY REGIONAL MEDICAL CENTER, LTD. CHRISTINE NEUHOFF 190 E BANNOCK BOISE ID 83712 USA		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
DIRECTOR	ROBERT ALEXANDER	650 ADDISON AVENUE WEST	TWIN FALLS	ID	USA	83301
DIRECTOR	RUSS NEWCOMB	650 ADDISON AVENUE WEST	TWIN FALLS	ID	USA	83301
DIRECTOR	MARK SCHWARTZ	650 ADDISON AVENUE WEST	TWIN FALLS	ID	USA	83301
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: ID C 165589		6. Annual Report must be signed.* Signature: Jeffrey S. Taylor Name (type or print): Jeffrey S. Taylor Date: 01/30/2010 Title: System V.P. CFO				
Processed 01/30/2010		* Electronically provided signatures are accepted as original signatures.				