No. C 36746		Due no later than Aug 31, 2009		2. Registered Age	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. MERCY MEDICAL CENTER, NAMPA JOSEPH A. MESSMER 1512 12TH AVE RD NAMPA ID 83686		JOSEPH MESSMER 1512 12TH AVE RD NAMPA ID 83686 3. New Registered Agent Signature:*				
		ass Addresses of Pre	esident, Secretary, and Directors. Treasur	er (optional)				
Office Held	Name	ess Addresses of Fre	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	PAM WHITE		3710 E MAN O' WAR	NAMPA	ID	USA	83686	
DIRECTOR	RITA PARKS		8380 COLESVILLE ROAD #300	SILVER SPRING	MD	USA	20910	
DIRECTOR	MARTI HALES		3717 PORTLAND AVE	NAMPA	ID	USA	83687	
DIRECTOR	JEFF AGENBROAD		3615 PORTLAND AVE	NAMPA	ID	USA	83686	
DIRECTOR	DAVID GILES		3066 SOUTH WHITEPOST	EAGLE	ID	USA	83616	
DIRECTOR	BAYO CROWNSON		2101 N JOSIE	MERIDIAN	ID	USA	83642	
DIRECTOR	VICTOR YAMAMOTO		8801 JOPLIN ROAD	CALDWELL	ID	USA	83605	
DIRECTOR	NED J. KERR		11230 WEST SHAY PARK WAY	NAMPA	ID	USA	83686	
PRESIDENT	JOSEPH A.	MESSMER	1512 12TH AVE RD	NAMPA	ID	USA	83686	
SECRETARY	NATALIE A.	RAYNOR	1512 12TH AVE RD	NAMPA	ID	USA	83686	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 36746		Signature: Natalie Raynor		Date: 06/10/2009				
		Name (type or print): Natalie Raynor		Title: Secretary				
Processed 06/10/2009			ided signatures are accepted as original s	signatures.		•		