No. W 81763		Due no later than Feb 29, 2012	2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form		CHRISTINE S NEUHOFF 190 E BANNOCK			
		1. Mailing Address: Correct in this box if needed. ST. LUKE'S CLINIC - TREASURE VALLEY, L.L.C. JEFFREY S TAYLOR 190 E BANNOCK BOISE ID 83712	BOISE ID 83712 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Con	npanies: Enter Na	mes and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	CHRIS ROTI	H 190 E. BANNOCK	BOISE	ID	USA	83712	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Carol Wilmes	Date: 02/10/2012				
W 81763		Name (type or print): Carol Wilmes	Title: Executive Assistant				
Processed 02/10/2012 * Electronically provided signatures are accepted as original signatures.							