

No. C 114474		Due no later than Apr 30, 2009 Annual Report Form		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		1. Mailing Address: Correct in this box if needed. ST. LUKE'S WOOD RIVER MEDICAL CENTER, LTD. EDWIN E DAHLBERG 190 E BANNOCK BOISE ID 83712		JEFFREY S TAYLOR 190 E BANNOCK BOISE ID 83712		
				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	JON THORSON	190 E. BANNOCK	BOISE	ID	USA	83712
TREASURER	SCOTT NELSON	190 E. BANNOCK	BOISE	ID	USA	83712
DIRECTOR	BRUCE JENSEN	190 E. BANNOCK	BOISE	ID	USA	83712
DIRECTOR	RICH HOLM	190 E. BANNOCK	BOISE	ID	USA	83712
DIRECTOR	DAVID HINSON	190 E. BANNOCK	BOISE	ID	USA	83712
SECRETARY	WILLIAM BOEGER	190 E BANNOCK	BOISE	ID	USA	83712
DIRECTOR	JOHN E CHAPMAN	190 E BANNOCK	BOISE	ID	USA	83712
DIRECTOR	MORLEY C GOLDEN	190 E. BANNOCK	BOISE	ID	USA	83712
5. Organized Under the Laws of: ID C 114474		6. Annual Report must be signed.* Signature: Jeffrey S. Name (type or print): Jeffrey S. Date: 03/30/2009 Title: Taylor				
Processed 03/30/2009		* Electronically provided signatures are accepted as original signatures.				