No. C 71993		D	ue no later than Feb 28, 2010	2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		SHERI AIN	SHERI AINSWORTH 1512 12TH AVENUE ROAD NAMPA ID 83686 3. New Registered Agent Signature:*			
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.						
		MERCY MEDICAL CENTER AUXILIARY, INC. SHERI AINSWORTH 1512 12TH AVENUE ROAD NAMPA ID 83686						
4. Corporations: Enter Nar	nes and Busin	ess Addresses of	President, Secretary, and Directors. Treasu	rer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	Γ HELEN THOMPSON		1512 12TH AVENUE ROAD	NAMPA	ID	USA	83686	
SECRETARY	ECRETARY BETTY MCKEE		1512 12TH AVENUE ROAD	NAMPA	ID	USA	83686	
TREASURER	JOAN SILVAS		1512 12TH AVENUE ROAD	NAMPA	ID	USA	83686	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 71993		Signature: Sheri Ainsworth		Date: 12/15/2	Date: 12/15/2009			
		Name (type or print): Sheri Ainsworth		Title: Directo	Title: Director, Volunteer/Auxiliary			
Processed 12/15/2009	* Electronically provided signatures are accepted as original signatures.							