

No. <b>C 43916</b>	<b>Due no later than Jun 30, 2011</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> ST. BENEDICT'S HOSPITAL FOUNDATION, INC. GAIL HENDERSON 709 NORTH LINCOLN JEROME ID 83338		GAIL HENDERSON 709 NORTH LINCOLN JEROME ID 83338			
			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	SHARON SPARKS	1836 EAST 2800 SOUTH	WENDELL	ID	USA	83335
DIRECTOR	SCOTT BYBEE	5651 US HWY 93	JEROME	ID	USA	83338
DIRECTOR	NICHOL HARRIS	1460 AUTUMN WAY	JEROME	ID	USA	83338
DIRECTOR	MANNY GHATWAI	443 WILDROSE LOOP	TWIN FALLS	ID	USA	83301
DIRECTOR	LISA BURKHART	709 NORTH LINCOLN AVENUE	JEROME	ID	USA	83338
DIRECTOR	EDNA PIERSON	707 EAST AVENUE C	JEROME	ID	USA	83338
DIRECTOR	AUDRA CLEGG	380 EAST 500 NORTH	JEROME	ID	USA	83338
DIRECTOR	PATTI HURD	237 NORTH LINCOLN AVENUE	JEROME	ID	USA	83338
PRESIDENT	JUDI SCANTLIN	8 BUTTE DRIVE	JEROME	ID	USA	83338
TREASURER	DAWN SOTO	PO BOX 527	JEROME	ID	USA	83338
DIRECTOR	CARL MORRELL	1015 4TH AVENUE DRIVE	JEROME	ID	USA	83338
DIRECTOR	DON MAIER	980 SOUTH LINCOLN AVENUE	JEROME	ID	USA	83338
5. Organized Under the Laws of:  <b>ID</b> <b>C 43916</b>		6. Annual Report must be signed.* Signature: Gail Henderson Name (type or print): Gail Henderson		Date: 04/14/2011 Title: Foundation Coordinator		
Processed 04/14/2011		* Electronically provided signatures are accepted as original signatures.				