

No. C 174500		Due no later than Aug 31, 2016		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. SAINT ALPHONSUS MEDICAL CENTER - NAMPA HEALTH FOUNDATION, INC. KARL KEELER 1512 12TH AVE RD NAMPA ID 83686		LANNIE CHECKETTS 1512 12TH AVE RD NAMPA ID 83686			
				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	
PRESIDENT	KARL KEELER	1512 12TH AVE. RD.	NAMPA	ID	USA	83686	
DIRECTOR	BETH INECK	411 3RD STREET SOUTH	NAMPA	ID	USA	83651	
5. Organized Under the Laws of: ID C 174500		6. Annual Report must be signed.* Signature: Karl Keeler Name (type or print): Karl Keeler Date: 08/31/2016 Title: President					
Processed 08/31/2016		* Electronically provided signatures are accepted as original signatures.					