

No. C 202387		Due no later than Jun 30, 2018 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. FRUITLAND MEDICAL OFFICE CONDOMINIUM ASSOCIAITON, INC. ST ALPHONSUS MEDICAL CENTER 1055 N CURTIS RD BOISE ID 83706		SAINT ALPHONSUS MEDICAL CENTER ONTARIO INC 1055 N CURTIS RD BOISE ID 83706			
						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	JOHN D FOOTE	910 NW 16TH ST STE 205	FRUITLAND	ID	83619		
VICE PRESIDENT	ROSS CALLUM	1055 N CURTIS RD	BOISE	ID	83706		
SECRETARY	JOSEPH COLLINS	351 SW 9TH ST	ONTARIO	OR	97914		
5. Organized Under the Laws of: ID C 202387		6. Annual Report must be signed.* Signature: Cheryl Mitchell Name (type or print): Cheryl Mitchell					
		Date: 07/24/2018 Title: Financial Analyst					
Processed 07/24/2018		* Electronically provided signatures are accepted as original signatures.					