

No. <b>C 202387</b>		<b>Due no later than Jun 30, 2018</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>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> FRUITLAND MEDICAL OFFICE CONDOMINIUM ASSOCIATION, 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:  <b>ID C 202387</b>		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.			