

No. C 48532		Due no later than Nov 30, 2009		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. ST. LUKE'S WOOD RIVER MEDICAL CENTER VOLUNTEER CORE, INC. SLWR VOLUNTEER CORE BOARD PO BOX 3525 KETCHUM ID 83340		PETER BECKER BOX 3179, 620 SUN VALLEY RD. KETCHUM ID 83340			
				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	
TREASURER	THERESA PEMBERTON	PO BOX 3659	KETCHUM	ID	USA	83340	
SECRETARY	HOLLY LAWSON	PO BOX 1098	KETCHUM	ID	USA	83340	
PRESIDENT	DONNA FINEGAN	PO BOX 1677	KETCHUM	ID	USA	83340	
5. Organized Under the Laws of: ID C 48532		6. Annual Report must be signed.* Signature: Debra L Hobart Name (type or print): Debra L Hobart Date: 01/19/2010 Title: Volunteer Coordinator					
Processed 01/19/2010		* Electronically provided signatures are accepted as original signatures.					