

No. <b>C 82473</b>		<b>Due no later than Nov 30, 2011</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>		SHIRLENE LORDS 3100 CHANNING WAY IDAHO FALLS ID 83401			
		<b>1. Mailing Address: Correct in this box if needed.</b> EASTERN IDAHO REGIONAL MEDICAL CENTER AUXILIARY, INC. CAROL REED PO BOX 2077 IDAHO FALLS ID 83404 USA		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	CAROL REED	P.O. BOX 2077	IDAHO FALLS	ID	USA	83404	
TREASURER	SHARON H. LAIRD	P.O. BOX 2077	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID C 82473</b>		Signature: Sharon			Date: 09/12/2011		
		Name (type or print): Sharon			Title: Laird		
Processed 09/12/2011		* Electronically provided signatures are accepted as original signatures.					