No. C 165588		Due no later than Mar 31, 2009		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		JEFFREY S TAYLOR 190 E BANNOCK BOISE ID 83712				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720		 Mailing Address: Correct in this box if needed. ST. LUKE'S HEALTH SYSTEM, LTD. 						
BOISE, ID 83720-0080		JEFF TAYLOR 190 E BANNOCK BOISE ID 83712			3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		DOISE 1D 03712			o			
4. Corporations: Enter Nam	nes and Busin	ess Addresses of Preside	ent, Secretary, and Directors. Tre	easurer (optional).			
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
DIRECTOR	LARRY COPE		190 E BANNOCK		BOISE	ID	USA	83712
SECRETARY	CRETARY ALICE HENN		190 E BANNOCK		BOISE	ID	USA	83712
TREASURER	JON MILLER		190 E BANNOCK		BOISE	ID	USA	83712
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Jeffrey S.		Date: 03/27/2009				
C 165588		Name (type or print): Jeffrey S.			Title: Taylor			
Processed 03/27/2009	* Electronically provided signatures are accepted as original signatures.							