

No. W 13694		Due no later than Dec 31, 2010		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. ST. LUKE'S CLINIC, LLC PO BOX 409 TWIN FALLS ID 83303		JOHN GROESBECK 650 ADDISON AVE WEST TWIN FALLS ID 83301			
				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	ST LUKES MAGIC VALLEY REGIONAL MEDICAL CENTER LTD	PO BOX 409	TWIN FALLS	ID	USA	83303	
5. Organized Under the Laws of: ID W 13694		6. Annual Report must be signed.* Signature: Mike Reno Name (type or print): Mike Reno Date: 01/17/2011 Title: CEO of Member					
Processed 01/17/2011		* Electronically provided signatures are accepted as original signatures.					