

No. <b>C 205220</b>		<b>Due no later than Mar 31, 2016</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b>  SAINT ALPHONSUS MEDICAL CENTER-ONTARIO, INC. STEPHANIE C WESTERMEIER 1055 N CURTIS RD BOISE ID 83706		KARL KEELER 1512 12TH AVE RD NAMPA ID 83686			
						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	KARL KEELER	1512 12TH AVE RD	NAMPA	ID	83686		
SECRETARY	STEPHANIE C WESTERMEIER	1055 N CURTIS RD	BOISE	ID	83706		
5. Organized Under the Laws of:  <b>OR</b> <b>C 205220</b>		6. Annual Report must be signed.*  Signature: Karl Keeler Name (type or print): Karl Keeler					
Processed 02/17/2016		Date: 02/17/2016 Title: President  * Electronically provided signatures are accepted as original signatures.					