

No. C 35705		Due no later than Aug 31, 2013 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ST. LUKE'S REGIONAL MEDICAL CENTER AUXILIARY, INC. AUXILIARY PRESIDENT 190 EAST BANNOCK BOISE ID 83712		CHRISTINE NEUHOFF 190 EAST BANNOCK BOISE ID 83712			
NO FILING FEE IF RECEIVED BY DUE DATE				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	DIANE JACOBSEN	534 E. RIVER QUARRY CT.	EAGLE	ID	USA	83616	
SECRETARY	ROBIN FISHER	1879 RIDGE POINT WAY	BOISE	ID	USA	83712	
PRESIDENT	CINDY HANKS	11665 W. FREEDOM DRIVE	BOISE	ID	USA	83713	
5. Organized Under the Laws of: ID C 35705		6. Annual Report must be signed.* Signature: Diane Jacobsen Name (type or print): Diane Jacobsen					
		Date: 07/11/2013 Title: Treasurer					
Processed 07/11/2013		* Electronically provided signatures are accepted as original signatures.					