

No. W 104795		Due no later than Jul 31, 2015		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. ST. LUKE'S CLINIC - WOOD RIVER, L.L.C. CHRISTINE S NEUHOFF 190 E BANNOCK ST BOISE ID 83712		CHRISTINE S NEUHOFF 190 E BANNOCK ST BOISE ID 83712	
				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. LUKE'S WOOD RIVER, LTD.	190 E. BANNOCK	BOISE	ID	USA 83712
5. Organized Under the Laws of: ID W 104795		6. Annual Report must be signed.* Signature: Christine Neuhoff Name (type or print): Christine Neuhoff Date: 05/19/2015 Title: Secretary, SLHS			
Processed 05/19/2015		* Electronically provided signatures are accepted as original signatures.			