

FILED EFFECTIVE



**STATEMENT OF CHANGE OF
REGISTERED AGENT,
REGISTERED OFFICE,
OR BOTH**

(See reverse for instructions)

2016 JUN 16 PM 3:24

SECRETARY OF STATE
STATE OF IDAHO

File #: C3925

The undersigned entity submits the following statement for the purpose of changing its registered agent, its registered office, or both, in the State of Idaho.

1. The name of the entity is:

St. Luke's Regional Medical Center, Ltd.

2. The name and street address of the old registered agent and office is:

Christine Neuhoff

190 E. Bannock St.

Boise, ID 83712

3. The name and street address of the new registered agent and office in Idaho is:

Christine Neuhoff

815 E. Park Blvd.

(not a PO box or PMB)

Boise, ID 83712

I consent to serve as registered agent for the above-named entity.

(Signature of new registered agent)

(Date)

Date: 06/15/16

Signature: Carol A. Wilmes

Printed: Carol A. Wilmes

Capacity: Executive Assistant

NO FEE REQUIRED