

No. <b>C 81130</b>		Due no later than Apr 30, 2014 <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> ST. LUKE'S MCCALL AUXILIARY, INC. CONNIE M HEINZMANN PO BOX 2192 MCCALL ID 83638 USA		LYLE NELSON 1000 STATE ST ST. LUKE'S MCCALL MEDICAL CTR. MCCALL ID 83638		
				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
DIRECTOR	MEGAN DAVIS	P. O. BOX 2192	MCCALL	ID	USA	83638
DIRECTOR	LINDA WRIGHT	P. O. BOX 2192	MCCALL	ID	USA	83638
DIRECTOR	ROZ CAMPBELL	PO BOX 2192	MCCALL	ID	USA	83638
DIRECTOR	PATTI CRANDALL	PO BOX 2192	MCCALL	ID	USA	83638
TREASURER	DIANE DOBSON	P.O. BOX 2192	MCCALL	ID	USA	83638
SECRETARY	CONNIE M HEINZMANN	P.O. BOX 2192	MCCALL	ID	USA	83638
PRESIDENT	PAT RADER	P.O. BOX 2192	MCCALL	ID	USA	83638
5. Organized Under the Laws of:  <b>ID C 81130</b>		6. Annual Report must be signed.* Signature: Connie Heinzmann Name (type or print): Connie Heinzmann				
Processed 03/15/2014		Date: 03/15/2014 Title: Secretary				
* Electronically provided signatures are accepted as original signatures.						