

No. C 29768	Annual Report Form Due No Later Than November 30, 1996	2. Registered Agent and Office NOT A P.O. BOX C T CORPORATION SYSTEM
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct ST. MARY'S HOSPITAL, INC. PO BOX 137 COTTONWOOD ID 83522	300 NORTH 6TH STREET BOISE ID 83701 3. Organized Under the Laws of: ID C 29768
* FIRST NOTICE *		
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)		
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>
President	EMMETT WILSON	PO BOX 446
Vice President	DAN DAVIS	RT 1 BOX 75R
Secy/Treas	LOREN KNOTSON	PO BOX 189
	SR JANA ANN KUBER	1200 KENWOOD AV
	SR RAMONA EWEN	1200 KENWOOD AV
	SR. MARY KAY HENRY	HC 3 BOX 121
	JERRY REID	BOX 353
<u>City</u>	<u>State</u>	<u>Zip</u>
COTTONWOOD	ID	83522
KAMIAH	ID	83536
NEZPERCE	ID	83543
DULUTH	MN	55811
DULUTH	MN	55811
COTTONWOOD	ID	83522
CRAIGMONT	ID	83523
5. NATURE OF BUSINESS HEALTHCARE		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u>[Signature]</u> Date <u>9/17/96</u> Name (Typed or Printed) _____ Title _____

ISSUED: 07-06-1996

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