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| No. W 13694 | | Due no later than Dec 31, 2013 | | 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 | | 1. Mailing Address: Correct in this box if needed. ST. LUKE'S CLINIC, LLC PO BOX 409 TWIN FALLS ID 83303 | | CHRISTINE NEUHOFF 190 E BANNOCK 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 LUKES MAGIC VALLEY REGIONAL MEDICAL CENTER LTD | PO BOX 409 | TWIN FALLS | ID | USA | 83303 | |
| 5. Organized Under the Laws of: ID W 13694 | | 6. Annual Report must be signed.* Signature: James L. Angle Name (type or print): James L. Angle | | | | | |
| Date: 01/14/2014 Title: CEO of Member | | | | | | | |
| Processed 01/14/2014 | | * Electronically provided signatures are accepted as original signatures. | | | | | |