No. **C 75230**	**Due no later than Mar 31, 2015** **Annual Report Form**	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 MEDICAL OFFICE PLAZA, INC. COLIN HUDSON 190 EAST BANNOCK BOISE ID 83702 USA	CHRISTINE NEUHOFF 190 EAST BANNOCK BOISE 83712 3. New 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	MICHAEL J. TULLIS, MD	333 N. FIRST STREET SUITE 280	BOISE	ID	USA	83702
SECRETARY	COLIN M. HUDSON	190 E. BANNOCK STREET	BOISE	ID	USA	83712
DIRECTOR	G. ROBERT KLOMP, MD	333 N FIRST STREET SUITE 120	BOISE	ID	USA	83712
PRESIDENT	E. MANLEY BRIGGS, MD	333 N FIRST STREET SUITE 100	BOISE	ID	USA	83702

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 75230**	Signature: Colin Hudson Name (type or print): Colin Hudson	Date: 01/20/2015 Title: Secretary
Processed 01/20/2015	* Electronically provided signatures are accepted as original signatures.	