

No. <b>C 36746</b>		Due no later than Aug 31, 2015 <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> SAINT ALPHONSUS MEDICAL CENTER - NAMPA, INC. LANNIE CHECKETTS 1512 12TH AVE RD NAMPA ID 83686		KARL KEELER 1512 12TH AVE RD NAMPA ID 83686		
				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
PRESIDENT	PAM WHITE	3710 E MAN O' WAR	NAMPA	ID	USA	83686
DIRECTOR	JEFF AGENBROAD	3615 PORTLAND AVE	NAMPA	ID	USA	83686
DIRECTOR	VICTOR YAMAMOTO	8801 JOPLIN ROAD	CALDWELL	ID	USA	83605
VICE PRESIDENT	HARTLEY STUART	305 S. VALLEY COURT	NAMPA	ID	USA	83686
DIRECTOR	KARL KEELER	1512 12TH AVE RD	NAMPA	ID	USA	83686
DIRECTOR	DOLORES PREISINGER	5027 COPPER CREEK ROAD	OMAHA	NE	USA	68157
DIRECTOR	RANDALL HUTCHINGS	12225 DEER FLAT ROAD	NAMPA	ID	USA	83686
DIRECTOR	LYNDA CAMPBELL CLARK	936 SOUTH WHITEWATER	NAMPA	ID	USA	83686
DIRECTOR	JAMES GARDNER	15420 FROST ROAD	CALDWELL	ID	USA	83607
DIRECTOR	BRIAN BURKS	23863 APPLEWOOD WAY	NAMPA	ID	USA	83687
DIRECTOR	DANIEL PUGA	7240 LATTIGO DRIVE	NAMPA	ID	USA	83686
5. Organized Under the Laws of:  <b>ID C 36746</b>		6. Annual Report must be signed.* Signature: Natalie Raynor Name (type or print): Natalie Raynor		Date: 06/22/2015 Title: Administrative Assistant		
Processed 06/22/2015		* Electronically provided signatures are accepted as original signatures.				