No. W 81763		Due no later than Feb 28, 2018		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		CHRISTINE	CHRISTINE S NEUHOFF			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ST. LUKE'S CLINIC - TREASURE VALLEY, L.L.C. JEFFREY S TAYLOR 190 E BANNOCK BOISE ID 83712		BOISE ID	815 E PARK BLVD BOISE ID 83712 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	ınies: Enter Na	mes and Addresses	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	JEFFREY S	TAYLOR	190 E. BANNOCK	BOISE	ID	USA	83712	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Car	D	Date: 12/27/2017				
W 81763		Name (type or print): Carol Wilmes		Т	Title: Exec. Assistant			
Processed 12/27/2017 * Electronically provided signatures are accepted as original signatures.								