



0006203600

**STATE OF IDAHO***Office of the secretary of state, Phil McGrane***REINSTATEMENT ANNUAL REPORT**

Idaho Secretary of State

PO Box 83720

Boise, ID 83720-0080

(208) 334-2301

Filing Fee: \$30.00

*For Office Use Only***-FILED-**

File #: 0006203600

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Reinstatement Annual Report Form

Select one: Standard, Expedited or Same Day Service (see descriptions below)

Expedited (+\$40; filing fee \$70)

Current Entity Name

EASTERN IDAHO REGIONAL MEDICAL CENTER
AUXILIARY, INC.

The file number of this entity on the records of the Idaho Secretary of State is:

0000257368

Organized under the laws of:

IDAHO

Entity Type:

Non-Profit Corporation (D)

Non-Profit Corporation Name:

Non-Profit Corporation Name

EASTERN IDAHO REGIONAL MEDICAL CENTER
AUXILIARY, INC.

Nonprofit Corporation Purpose

The purpose for which the corporation is organized is:

General Nonprofit

The registered agent on record is:

Registered Agent

JOYCE BALMFORTH

Registered Agent

Physical Address

3100 CHANNING WAY
IDAHO FALLS, ID 83404

Mailing Address

3100 CHANNING WAY
IDAHO FALLS, ID 83404

The name and street address of the new registered agent and office in Idaho is:

Registered Agent

Registered Agent

Ronald E Tallman

Physical Address:

4783 TORREY PINES DR
IDAHO FALLS, ID 83404-8341

Mailing Address:

PO BOX 2071
IDAHO FALLS, ID 83403-2071☒ I affirm that the registered agent appointed has consented to serve as registered agent for this entity.

The mailing address of the entity is:

RON TALLMAN
PO BOX 2071
IDAHO FALLS, ID 83403-2071

The physical address of the entity is:

4783 TORREY PINES DR
IDAHO FALLS, ID 83404-8341

Corporate Officers and Directors:

Name	Title	Address
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<input checked="" type="checkbox"/> Sheila Carter	President	SHEILA CARTER PO BOX 2071 IDAHO FALLS, ID 83403-2071
<input checked="" type="checkbox"/> Ronald Tallman	Treasurer	RONALD TALLMAN PO BOX 2071 IDAHO FALLS, ID 83403-2071
<input checked="" type="checkbox"/> Jeanna Staten	Secretary	JEANNA STATEN PO BOX 2071 IDAHO FALLS, ID 83403-2071

The Application for Reinstatement must be signed by a governor.

Title: _____ Treasurer _____

Ronald E. Tallman 04/10/2025

Sign Here _____ Date _____