

No. <b>C 3925</b>		<b>Due no later than Dec 31, 2010</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>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> ST. LUKE'S REGIONAL MEDICAL CENTER, LTD. GARY FLETCHER 190 E. BANNOCK BOISE ID 83702		JEFFREY S TAYLOR 190 E BANNOCK BOISE ID 83712		
				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
DIRECTOR	MIKE MOONEY	190 E. BANNOCK	BOISE	ID	USA	83712
SECRETARY	JIM EVERETT	190 E. BANNOCK	BOISE	ID	USA	83712
DIRECTOR	A.J. BALUKOFF	190 E. BANNOCK	BOISE	ID	USA	83712
DIRECTOR	BARBARA WILSON	190 E. BANNOCK	BOISE	ID	USA	83712
TREASURER	JEFFREY S. TAYLOR	190 E. BANNOCK	BOISE	ID	USA	83712
PRESIDENT	GARY FLETCHER	190 E. BANNOCK	BOISE	ID	USA	83712
5. Organized Under the Laws of:  <b>ID C 3925</b>		6. Annual Report must be signed.* Signature: Jeffrey S. Taylor Name (type or print): Jeffrey S. Taylor		Date: 02/21/2011 Title: V.p., Cfo		
Processed 02/21/2011		* Electronically provided signatures are accepted as original signatures.				