| No. C 115174  Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE |            | Due no later than May 31, 2012 Annual Report Form  1. Mailing Address: Correct in this box if needed.  ST. LUKE'S HUMPHREYS DIABETES CENTER, INC. ROBERT W. SCANLON 1226 RIVER ST BOISE ID 83702 USA |  | 2. Registered   | 2. Registered Agent and Address (NO PO BOX)  CHRISTINE S NEUHOFF |            |                |  |
|--|------------|--|--|---|--|------------|----------------|--|
|  |            |  |  | CHRISTINE   |  |            |                |  |
|  |            |  |  | 190 E BANNOCK BOISE ID 83712  3. New Registered Agent Signature:* |  |            |                |  |
|  |            |  |  |   |  |            |                |  |
| Office Held  | Name       |  | Street or PO Address                             | City  | State  | Country    | Postal Code    |  |
| DIRECTOR<br>PRESIDENT  |            |  | 4325 W. GRAY TEAL CT.<br>1647 S. ASPEN RIVER WAY | EAGLE<br>EAGLE  | ID<br>ID   | USA<br>USA | 83616<br>83616 |  |
| DIRECTOR   | CHRIS NELS | ON   | 2029 FELDSPAR                                    | BOISE   | ID   | USA        | 83712          |  |
| 5. Organized Under the Laws of:  |            | 6. Annual Report must be signed.*  |  |   |  |            |                |  |
| ID   |            | Signature: Robert W. Scanlon   |  | D   | Date: 03/13/2012   |            |                |  |
| C 115174   |            | Name (type or print): Robert W. Scanlon  |  | Title: Executive Director   |  |            |                |  |
| Processed 03/13/2012   |            | * Electronically prov  | vided signatures are accepted as original        | signatures.   |  |            |                |  |