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|--|----------------|--|-----------|---|---------|-------------|--|
| No. C 156639 | | Due no later than Sep 30, 2012 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form 1. Mailing Address: Correct in this box if needed. IDAHO ALLIANCE OF LEADERS IN NURSING, INC. MARGARET HENBEST 615 N. 7TH ST. PO BOX 1278 BOISE ID 83701 USA | | IDAHO SERVICE COMPANY 101 S CAPITOL BLVD 10TH FLOOR BOISE ID 83702 USA | | | |
| | | | | 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 | |
| TREASURER | NOREEN DAVIS | ST. LUKES HEALTH SYSTEM 420 WEST IDAHO | BOISE | ID | USA | 83702 | |
| PRESIDENT | SHERRY PARKS | SARMC 1055 N CURTIS | BOISE | ID | USA | 83706 | |
| DIRECTOR | BETH GRAY | MCCALL MEMORIAL HOSPITAL 1000 STATE STREET | MCCALL | ID | USA | 83638 | |
| DIRECTOR | PAM SPRINGER | BSU 1910 UNIVERSITY | BOISE | ID | USA | 83725 | |
| SECRETARY | CHARLENE GODEC | BONNER GENERAL HOSPITAL 520 N THIRD ST | SANDPOINT | ID | USA | 83864 | |
| 5. Organized Under the Laws of: ID C 156639 | | 6. Annual Report must be signed.* Signature: Margaret Henbest Name (type or print): Margaret Henbest Date: 09/27/2012 Title: Executive Director | | | | | |
| Processed 09/27/2012 | | * Electronically provided signatures are accepted as original signatures. | | | | | |