

No. C 114474		Due no later than Apr 30, 2011		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. ST. LUKE'S WOOD RIVER MEDICAL CENTER, LTD. DAVID C PATE 420 W. IDAHO ST 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	JON THORSON	100 HOSPITAL DRIVE	KETCHUM	ID	USA	83340
TREASURER	PETER BECKER	100 HOSPITAL DRIVE	KETCHUM	ID	USA	83340
DIRECTOR	RICH HOLM	190 E. BANNOCK	BOISE	ID	USA	83712
DIRECTOR	DAVID HINSON	100 HOSPITAL DRIVE	KETCHUM	ID	USA	83340
SECRETARY	WILLIAM BOEGER	100 HOSPITAL DRIVE	KETCHUM	ID	USA	83340
DIRECTOR	JOHN E CHAPMAN	100 HOSPITAL DRIVE	KETCHUM	ID	USA	83340
DIRECTOR	SCOTT NELSON	100 HOSPITAL DRIVE	KETCHUM	ID	USA	83340
5. Organized Under the Laws of: ID C 114474		6. Annual Report must be signed.* Signature: Carl Hollingsworth Name (type or print): Carl Hollingsworth Date: 02/09/2011 Title: Cfo				
Processed 02/09/2011		* Electronically provided signatures are accepted as original signatures.				