

November 5, 1997

Linda Swaim  
MERCY MEDICAL CENTER AUXILIARY C71993  
1512 12th Ave Rd  
Nampa ID 83686

RE: MERCY MEDICAL CENTER AUXILIARY C71993

Greetings:

Please find enclosed your recently submitted annual report for the 1996-1997 fiscal year. We are unable to accept it in its present form. Please make the following correction(s) and return to this office.

Please be certain that the names and addresses of the **officers** in block 4 are complete. (A notation that the information is the same as last year will not be accepted.) After completing that block, resubmit the annual report to this office.

Pursuant to section 30-1-120(6) the annual report must be signed by an **officer** of the corporation or the chairman of the board of directors.

If you have any questions or need further assistance, please do not hesitate to contact this office at (208) 332-2811.

Very truly yours,



Sheryl DeVries  
Corporate Division

Enclosures: cited

No. <b>C 71993</b>	<b>Annual Report Form</b> Due No Later Than November 30, <b>1997</b>		2. Registered Agent and Office <b>NOT A P.O. BOX</b>													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>	1. Mailing Address - Please Correct, if Not Correct  MERCY MEDICAL CENTER AUXILIARY LINDA SWAIM 1512 12TH AVENUE ROAD  NAMPA ID 83686		LINDA SWAIM 1512 12TH AVENUE ROAD  NAMPA ID 83686  3. Organized Under the Laws of:  ID C 71993													
4. Corporations: Enter Names and Business Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)  <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>ACCOUNTANT</td> <td>W L GRIGG</td> <td>1224 7<sup>th</sup> ST. So.</td> <td>NAMPA</td> <td>ID</td> <td>83651</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	ACCOUNTANT	W L GRIGG	1224 7 <sup>th</sup> ST. So.	NAMPA	ID	83651
Office held	Name	Street or P.O. Address	City	State	Zip											
ACCOUNTANT	W L GRIGG	1224 7 <sup>th</sup> ST. So.	NAMPA	ID	83651											
5.	6. Signature <u>W L Grigg</u> Date <u>4/3/87</u> Name (Typed or Printed) <u>W L GRIGG</u> Title <u>ACCOUNTANT</u>															

ISSUED: 07-04-1997 ↓ DO NOT TAPE OR STAPLE ↓

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