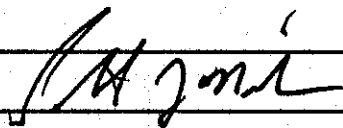
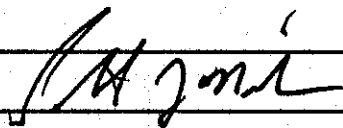
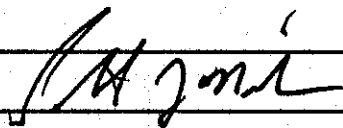


FILED EFFECTIVE**REINSTATEMENT**

No. W 1801	Annual Report Form ADMIN DISSOLVED 03/07/2008	2. Registered Agent and Office NOT A P.O. BOX																														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 FEE DUE \$30.00	1. Mailing Address - Correct in this box, if applicable	PATRICK J MILLER, ESQ. 601 W BANNOCK																														
	SANC REAL ESTATE, LLC	BOISE, ID 83702																														
	601 W BANNOCK																															
	BOISE, ID 83702	3. <u>New</u> registered agent signature																														
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of management. Limited and Limited Liability Partnerships: Enter names and addresses of at least two (2) partners. <table border="0"><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>Member</td><td>Jon P. Wagnild, MD</td><td>5610 W. Gage, Ste A,</td><td>Boise,</td><td>ID</td><td>83706</td></tr><tr><td>Member</td><td>Nagraj Narasimhan, MD</td><td>746 N. College Rd.,</td><td>Twin Falls,</td><td>ID</td><td>83301</td></tr><tr><td>Member</td><td>Michael Adcox, MD</td><td>5610 W. Gage, Ste A,</td><td>Boise,</td><td>ID</td><td>83706</td></tr><tr><td>Member</td><td>Saint Alphonsus Diversified Care, Inc.,</td><td>1055 N. Curtis,</td><td>Boise,</td><td>ID</td><td>83706</td></tr></tbody></table>			Office held	Name	Street or P.O. Address	City	State	Zip	Member	Jon P. Wagnild, MD	5610 W. Gage, Ste A,	Boise,	ID	83706	Member	Nagraj Narasimhan, MD	746 N. College Rd.,	Twin Falls,	ID	83301	Member	Michael Adcox, MD	5610 W. Gage, Ste A,	Boise,	ID	83706	Member	Saint Alphonsus Diversified Care, Inc.,	1055 N. Curtis,	Boise,	ID	83706
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5. Organized under the laws of: IDAHO W 1801	6. <table border="0"><tr><td>Signature</td><td></td><td>Date</td><td>May 6, 2008</td></tr><tr><td>Name (Typed or Printed)</td><td>Patrick J. Miller</td><td>Title</td><td>Registered Agent</td></tr></table>		Signature		Date	May 6, 2008	Name (Typed or Printed)	Patrick J. Miller	Title	Registered Agent																						
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Issued 4/8/2008 by CLH