

<b>No. W 13391</b>	<b>Due no later than Nov 30, 2001</b> <b>Annual Report Form</b>	2. Registered Agent and Office <b>NO PO BOX</b>  PATRICK J MILLER 277 N 6TH ST STE 200  BOISE, ID 83702																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable SAINT ALPHONSUS CALDWELL CANCER TRE ST ALPHONSUS DIVERSIFIED 1055 N CURTIS RD  BOISE, ID 83706	3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Members. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: left; width: 10%;"><u>Office held</u></th> <th style="text-align: left; width: 25%;"><u>Name</u></th> <th style="text-align: left; width: 30%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 10%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Member</td> <td>Saint Alphonsus Diversified Care, Inc.</td> <td>1055 N Curtis Rd.</td> <td>Boise</td> <td>ID</td> <td>83706</td> </tr> <tr> <td>Member</td> <td>West Valley Medical Center</td> <td>1717 Arlington</td> <td>Caldwell</td> <td>ID</td> <td>83605</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Member	Saint Alphonsus Diversified Care, Inc.	1055 N Curtis Rd.	Boise	ID	83706	Member	West Valley Medical Center	1717 Arlington	Caldwell	ID	83605
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5. Organized Under the Laws of:  <div style="text-align: center;">             IDAHO              W 13391           </div>	6. Saint Alphonsus Diversified Care, Inc. Signature  Date <u>11/29/01</u> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>(Typed or Printed) Name <u>Ken Fry, President SADC, Inc.</u></span> <span>Title <u>Member</u></span> </div>																			