

No. <b>C 78228</b>		<b>Due no later than Apr 30, 2009</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>		
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>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> SAINT ALPHONSUS DIVERSIFIED CARE, INC. KENNETH W. FRY 1055 N. CURTIS RD. BOISE ID 83706		SANDRA BRUCE 1055 NORTH CURTIS ROAD BOISE ID 83706		
				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
PRESIDENT	KENNETH W. FRY	1055 NORTH CURTIS ROAD	BOISE	ID	USA	83706
DIRECTOR	JANELLE REILLY	1055 NORTH CURTIS ROAD	BOISE	ID	USA	83706
SECRETARY	JEAN BASOM	1055 NORTH CURTIS ROAD	BOISE	ID	USA	83706
5. Organized Under the Laws of:  <b>ID C 78228</b>		6. Annual Report must be signed.* Signature: Kenneth W. Fry Name (type or print): Kenneth W. Fry Date: 02/17/2009 Title: President/Director				
Processed 02/17/2009		* Electronically provided signatures are accepted as original signatures.				