No. W 13391		Due no later than Nov 30, 2013 Annual Report Form		2. Registered Agent and Address (NO PO BOX)				
Return to:					PATRICK J MILLER			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.			277 N 6TH ST STE 200 BOISE ID 83702			
		SAINT ALPHONSUS CALDWELL CANCER TREATMENT CENTER, L.L.C. SALLY E. JEFFCOAT 1055 N CURTIS RD		3. New Registered Agent Signature:*				
NO FILING FEE IF		BOISE ID 83706						
RECEIVED BY DUE DATE								
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.								
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	SAINT ALPHONSUS DIVERSIFIED CARE INC		1055 N CURTIS RD	BOISE	ID	USA	83706	
MEMBER	WEST VALLEY MEDICAL CENTER		1717 ARLINGTON AVE.	CALDWELL	ID	USA	83605	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 13391		Signature: Sally E. Jeffcoat		Date: 12/30/2013				
		Name (type or print): Sally E. Jeffcoat		Title: President, Diversified Care				
Processed 12/30/2013	* Electronically provided signatures are accepted as original signatures.							