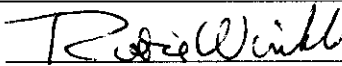


No. C 120966	Due no later than Sep 30, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable CASCADE MEDICAL CENTER AUXILIARY, I POB 845 CASCADE, ID 83611		INGE GUILIERI X1201 STATE DR 941 S. Main St. CASCADE, ID 83611	
			3. <u>New</u> Registered Agent Signature	

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Pres.	Connie Gahl	108 Gardner Pl.	Cascade	ID	83611
Vice Pres.	Kathleen Hull	P.O. Box 393	Cascade	ID	83611
Sec'y	Robie Winkle	P.O. Box 714	Cascade	ID	83611
Treas.	Inge Guilieri	P.O. Box 268	Cascade	ID	83611

5. Organized Under the Laws of: IDAHO C 120966	6. Signature <u></u> Name (Typed or Printed) <u>Robie Winkle</u> Date <u>8/6/05</u> Title <u>Sec'y</u>
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