

No. W 13391	Due no later than Nov 30, 2002 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	1. Mailing Address - Correct in this box, if applicable SAINT ALPHONSUS CALDWELL CANCER TRE. ST ALPHONSUS DIVERSIFIED 1055 N CURTIS RD BOISE, ID 83706		PATRICK J MILLER 277 N 6TH ST STE 200 BOISE, ID 83702
NO FILING FEE IF RECEIVED BY DUE DATE			3. <u>New</u> Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
	St. Alphonsus Diversified Care Inc.	1055 - N. Curtis Rd	Boise	Idaho	83706
	West Valley Medical Center, Inc	1717 Arlington Ave.	Caldwell	Idaho	83605

5. Organized Under the Laws of: IDAHO W 13391	6. Signature <u><i>Morris Grigg</i></u> Date <u>7/9/02</u> Name <small>(Typed or Printed)</small> <u>Morris Grigg</u> Title <u>CPA</u>
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