No. W 33335	Due no later than September 30, 2005		2. Registered Agent and Office NO PO BOX	
Return to: SECRETARY OF STATE: 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	Annual Report Form 1. Mailing Address - Correct in this box, if a TAMARACK MEDICAL CLINIC, LLC C/O OFFICE OF GENERAL COUNSEL 1055 N CURTIS RD BOISE, ID 83706	:	STEPHANIE C WEST 1055 N CURTIS RD BOISE, ID 83706	ERMEIER
NO FILING FEE IF			New Registered Age	ent Signature
RECEIVED BY DUE DATE				
 Limited Liability Compan 	es: Enter Names and Addresses of Mer	mbers.		
Office held Name	Street or P.O. Address	<u>Çity</u>	State	<u>Zip</u>
Saint Alphonsus Dive	ersified Care, Inc. 1055 N. Curtis Rd.	Boise	ID	83706
Cascade Medical Cent	er 402 Old State Highway	Casca	de ID	83611
5. Organized Under the Laws of: IDAHO	6. Signature Dun class	(0)	Date 4	o S
W 33335	Name Printer Kenneth W. F			sified Care