

No. W 13391		Due no later than Nov 30, 2016		2. Registered Agent and Address (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		Annual Report Form 1. Mailing Address: Correct in this box if needed. SAINT ALPHONSUS CALDWELL CANCER TREATMENT CENTER, L.L.C. STEPHANIE C WESTERMEIER 1055 N CURTIS RD BOISE ID 83706		RODNEY D REIDER 1055 N CURTIS RD BOISE ID 83706			
				3. <u>New</u> Registered Agent Signature:*			
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: ID W 13391		6. Annual Report must be signed.* Signature: Odette C. Bolano Name (type or print): Odette C. Bolano Date: 11/21/2016 Title: President					
Processed 11/21/2016		* Electronically provided signatures are accepted as original signatures.					