

No. C 120966

Due no later than September 30, 2008  
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:  
SECRETARY OF STATE  
450 NORTH FOURTH STREET  
PO BOX 83720  
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

CASCADE MEDICAL CENTER AUXILIARY, I  
POB 845  
CASCADE, ID 83611

KITTY LIGHTFOOT  
900 BALSAM  
BOISE, ID 83706

NO FILING FEE IF  
RECEIVED BY DUE DATE

3. New 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
V. PRES.	PAMELA HARPER	PO BOX 274	"	"	"
SEC'Y	ROBIE WINKLE	PO BOX 714	"	"	"
TREAS	KITTY LIGHTFOOT	900 BALSAM	BOISE	"	83706

5. Organized Under the Laws of:

IDAHO  
C 120966

6.

Signature



Date

7/13/08

Name (Typed or Printed)

ROBIE WINKLE

Title

SEC'Y