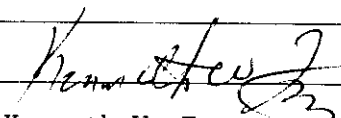
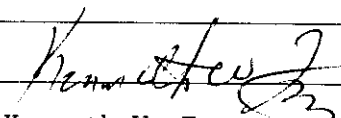
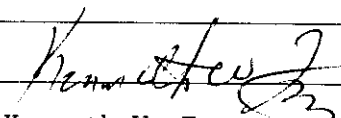


No. W 39222	Due no later than May 31, 2006 Annual Report Form	2. Registered Agent and Office NO PO BOX STEPHANIE C WESTERMEIER 1055 N CURTIS RD BOISE, ID 83706																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable IDAHO GYN/ONCOLOGY SERVICES LLC OFFICE OF GENERAL COUNCIL 1055 N CURTIS RD BOISE, ID 83706	3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Members. <table style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td></td> <td>Saint Alphonsus Diversified Care, Inc.</td> <td>1055 N. Curtis Rd.</td> <td>Boise</td> <td>ID</td> <td>83706</td> </tr> <tr> <td></td> <td>St. Luke's Regional Medical Center</td> <td>190 E. Bannock</td> <td>Boise</td> <td>ID</td> <td>83712</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>		Saint Alphonsus Diversified Care, Inc.	1055 N. Curtis Rd.	Boise	ID	83706		St. Luke's Regional Medical Center	190 E. Bannock	Boise	ID	83712
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5. Organized Under the Laws of: IDAHO W 39222	6. <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%;"> Signature  </td> <td style="width: 50%;"> Date <u>5/5/06</u> </td> </tr> <tr> <td> Name (Typed or Printed) <u>Kenneth W. Fry</u> </td> <td> Title <u>President-Diversified Care</u> </td> </tr> </table>		Signature 	Date <u>5/5/06</u>	Name (Typed or Printed) <u>Kenneth W. Fry</u>	Title <u>President-Diversified Care</u>														
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