

No. <b>W 13391</b>		<b>Due no later than Nov 30, 2007</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> SAINT ALPHONSUS CALDWELL CANCER TREATMENT CENTER, L.L.C. ST ALPHONSUS DIVERSIFIED 1055 N CURTIS RD BOISE ID 83706		PATRICK J MILLER 277 N 6TH ST STE 200 BOISE ID 83702			
				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	WEST VALLEY MEDICAL CENTER	1717 ARLINGTON AVE.	CALDWELL	ID	USA	83605	
MEMBER	SAINT ALPHONSUS DIVERSIFIED CARE INC	1055 N CURTIS RD	BOISE	ID	USA	83706	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 13391</b>		Signature: Kenneth W. Fry		Date: 09/10/2007			
		Name (type or print): Kenneth W. Fry		Title: President, Diversified Care			
Processed 09/10/2007		* Electronically provided signatures are accepted as original signatures.					