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|--|--------------------------|---|-------|--|---------|-------------|--|
| No. C 78228 | | Due no later than Apr 30, 2013 | | 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 DIVERSIFIED CARE, INC. SALLY E. JEFFCOAT 1055 N. CURTIS RD. BOISE ID 83706 | | SALLY E JEFFCOAT 1055 NORTH CURTIS ROAD BOISE ID 83706 | | | |
| | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional). | | | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | |
| PRESIDENT | SALLY E. JEFFCOAT | 1055 NORTH CURTIS ROAD | BOISE | ID | USA | 83706 | |
| TREASURER | BLAINE Q. PETERSEN | 1055 NORTH CURTIS ROAD | BOISE | ID | USA | 83706 | |
| SECRETARY | STEPHANIE C. WESTERMEIER | 1055 NORTH CURTIS ROAD | BOISE | ID | USA | 83706 | |
| 5. Organized Under the Laws of: ID C 78228 | | 6. Annual Report must be signed.* Signature: Sally E. Jeffcoat Name (type or print): Sally E. Jeffcoat Date: 06/27/2013 Title: President | | | | | |
| Processed 06/27/2013 | | * Electronically provided signatures are accepted as original signatures. | | | | | |