No. <b>C 120966</b>		Due no later than Sep 30, 2013		2. Registered A	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.  CASCADE MEDICAL CENTER AUXILIARY, INC.  ROBIE WINKLE  POB 845  CASCADE ID 83611-0845  USA		KITTY LIGHTFOOT  1745 PINE LAKES RANCH DR  CASCADE ID 83611  3. New 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	
VICE PRESIDENT TREASURER	PAM HARPEI KITTY LIGHT		PO BOX 274 1745 PINE LAKES RANCH DRIVE	CASCADE CASCADE	ID ID	USA USA	83611 83611	
PRESIDENT	BETTE JOE CLAPP		PO BOX 311	CASCADE	ID	USA	83611	
SECRETARY	ROBIE WINK	LE	PO BOX 714	CASCADE	ID	USA	83611	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Robie Winkle		Date: 07/18/2013				
C 120966		Name (type or print): Robie Winkle		Title: Secretary				
Processed 07/18/2013 * Electronically provided signatures are accepted as original signatures.								