

No. C 73223	Annual Report Form Due No Later Than November 30, 1996		2. Registered Agent and Office NOT A P.O. BOX CHRIS ANTON 1355 NORTH CURTIS ROAD BOISE ID 83706
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, if Not Correct SAINT ALPHONSUS DIVERSIFIED CHRIS ANTON 1055 N. CURTIS RD. BOISE ID 83706		3. Organized Under the Laws of: ID C 73223
4. FIRST NOTICE *			
Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u> <u>State</u> <u>Zip</u>
<i>President</i>	<i>open</i>		
<i>Secretary</i>	<i>Vincent Kuratits</i>	<i>1055 N. Curtis Road</i>	<i>Boise ID 83706</i>
<i>Directors:</i>			
<i>President - open</i>			
<i>Vincent Kuratits</i>		<i>1055 N. Curtis Road</i>	<i>Boise ID 83706</i>
<i>Karl Kuratz</i>		<i>1055 N. Curtis Road</i>	<i>Boise ID 83706</i>
5. NATURE OF BUSINESS HEALTH CARE SUPPORT SERVICE		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u><i>Karl Kuratz</i></u> Date <u><i>10/29/96</i></u> Name (Typed or Printed) <u><i>KARL KURATZ</i></u> Title <u><i>VP</i></u>	

ISSUED: 07-06-1995

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