

No. W 20831		Due no later than Sep 30, 2011		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		SALLY E JEFFCOAT 1055 N CURTIS RD BOISE ID 83706			
		1. Mailing Address: Correct in this box if needed. SAINT ALPHONSUS PROFESSIONAL MEDICAL SERVICES LLC SALLY E JEFFCOAT 1055 N CURTIS RD BOISE ID 83706		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	SAINT ALPHONSUS REGIONAL MEDICAL CENTER, INC.	1055 N CURTIS RD	BOISE	ID	USA	83706	
5. Organized Under the Laws of: ID W 20831		6. Annual Report must be signed.* Signature: Sally E. Jeffcoat Name (type or print): Sally E. Jeffcoat Date: 09/26/2011 Title: President & CEO					
Processed 09/26/2011		* Electronically provided signatures are accepted as original signatures.					