No. C 146430		Due no later than Nov 30, 2011 Annual Report Form 1. Mailing Address: Correct in this box if needed. SAINT ALPHONSUS PHYSICIANS, P.A. SALLY E JEFFCOAT 1055 N CURTIS BOISE ID 83706		2. Registered	2. Registered Agent and Address (NO PO BOX) SALLY E JEFFCOAT 1055 N CURTIS RD BOISE ID 83706 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE				1055 N CUI				
The second secon		ess Addresses o	f President, Secretary, and Directors. Treas		_			
	lame		Street or PO Address	City	State	Country	Postal Code	
	RICHARD PRESNELL J. ROBERT POLK, M.D.		1055 N. CURTIS RD. 1055 N. CURTIS RD.	BOISE BOISE	ID ID	USA USA	83706 83706	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: J. Robert Polk, M.D. Date: 12/05/2011						
C 146430		Name (type	or print): J. Robert Polk, M.D.	Tit	Title: President & Director			
Processed 12/05/2011 * Electronically provided signatures are accepted as original signatures.								