


No. C 120966 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than Sep 30, 2009 Annual Report Form	2. Registered Agent and Office (NOT A P.O. BOX) KITTY LIGHTFOOT 900 BALSAM 1745 PINE LAKES BOISE ID 83706 RANCH DR CASCADE, ID 83611 3. <u>New</u> Registered Agent Signature.				
1. Mailing Address: Correct in this box if needed. CASCADE MEDICAL CENTER AUXILIARY, INC. POB 845 CASCADE ID 83611						
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRES.	BETTE JOE CLAPP	P.O. Box 311	CASCADE	ID	USA	83611
V. PRES.	PAMELA HARPER	P.O. Box 274	"	"	"	"
Sec'y	ROBIE WINKLE	P.O. Box 714	"	"	"	"
TREAS.	KITTY LIGHTFOOT	1745 PINE LAKES RANCH DR	"	"	"	"
5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO C 120966 </div>		6. Signature:  Date: 7/19/09 <hr/> Name (type or print): ROBIE WINKLE Title: Sec'y				
Issued 07/17/2009 by PEH		200909001547				

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM