

No. W 33335		Due no later than Sep 30, 2007		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		1. Mailing Address: Correct in this box if needed. TAMARACK MEDICAL CLINIC, LLC C/O OFFICE OF GENERAL COUNSEL 1055 N CURTIS RD BOISE ID 83706		STEPHANIE C WESTERMEIER 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	CASCADE MEDICAL CENTER	402 OLD STATE HIGHWAY	CASCADE	ID	USA	83611	
MEMBER	SAINT ALPHONSUS DIVERSIFIED CARE, INC.	1055 N CURTIS RD	BOISE	ID	USA	83706	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 33335		Signature: Kenneth W. Fry		Date: 07/17/2007			
		Name (type or print): Kenneth W. Fry		Title: President, Diversified Care			
Processed 07/17/2007		* Electronically provided signatures are accepted as original signatures.					