No. W 39222		Due no later than May 31, 2008 Annual Report Form		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:					STEPHANIE C WESTERMEIER			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.		101 - 1 1 TO 101	1055 N CURTIS RD BOISE ID 83706 3. New Registered Agent Signature:*			
		IDAHO GYN/ONCOLOGY SERVICES LLC OFFICE OF GENERAL COUNCIL 1055 N CURTIS RD BOISE ID 83706						
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compar	nies: Enter Nar	mes and Addresses of a	t least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	SAINT ALPHONSUS DIVERSIFIED CARE, INC.		1055 N CURTIS RD	BOISE	ID	USA	83706	
MEMBER	ST. LUKE'S I CENTER	REGIONAL MEDICAL	190 E. BANNOCK	BOISE	ID	USA	83712	
5. Organized Under the Laws of:		6. Annual Report must	be signed.*					
ID W 39222		Signature: Kenneth W. Fry		Date: 06/0	Date: 06/06/2008			
		Name (type or print): Kenneth W. Fry		Title: Pres	Title: President-Diversified Care			
Processed 06/06/2008 * Electronically provided signatures are accepted as original signatures.								