4	No. 97555	INSTRUCTIONS ON REVERSE SIDE			
1	No. 77333	Due No Later Then November 20. Mailing Address SISTERS OF PROVIDENCE HEALTH PL		2. Registered Agent and Office NOTAP.O. BOX CT CORPORATION SYSTEM 300 N 6TH ST	
	Return To Secretary of State 700 W Jefferson				
	Boise, ID 83720-0080 ** FINAL NOTICE ** NO FEE REQUIRED	1501 - 4TH SEATTLE	AVE STE SUU WA 98101	BOISE NA NO: 97555	ID 83702
	4. Names and Addresses of Officers and Directors				
	President: Peter Bige Secretary: Raymond F Directors: Jeffrey P Dovid Bjo President/CEO: Gero	ogers	Street or P.O. Address 520 Pike ST. 500 17th Ave S. 520 Pike ST. 413 Lilly Road NE 1501 4th Ave Suite 50	Seattle, WA eattle, WA Seattle 1224	98124
	5. Nature of Business Prefavored Provider Organies	6. I certify that this complete. Signature Name (Typed or Printed)	Annual Report has been examined by me	and is to the best of my known Date Date Title	wledge true, correct and

7. P.

T.