No. **C 120966**	**Due no later than Sep 30, 2011** **Annual Report Form**	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.** CASCADE MEDICAL CENTER AUXILIARY, INC. ROBIE WINKLE POB 845 CASCADE ID 83611-0845 USA	KITTY LIGHTFOOT 1745 PINE LAKES RANCH DR CASCADE ID 83611 3. New Registered Agent Signature:*

4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	CONNIE GAHL	108 GARDNER PLACE	CASCADE	ID	USA	83611
DIRECTOR	PAMELA HARPER	PO BOX 274	CASCADE	ID	USA	83611
TREASURER	KITTY LIGHTFOOT	1745 PINE LAKES RANCH DRIVE	CASCADE	ID	USA	83611
PRESIDENT	BETTE JOE CLAPP	PO BOX 311	CASCADE	ID	USA	83611
SECRETARY	ROBIE WINKLE	PO BOX 714	CASCADE	ID	USA	83611

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 120966**	Signature: Robie Winkle Name (type or print): Robie Winkle	Date: 07/20/2011 Title: Secretary
Processed 07/20/2011	* Electronically provided signatures are accepted as original signatures.	