

No. W 13391		Due no later than Nov 30, 2009		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		Annual Report Form		PATRICK J MILLER 277 N 6TH ST STE 200 BOISE ID 83702			
		1. Mailing Address: Correct in this box if needed. SAINT ALPHONSUS CALDWELL CANCER TREATMENT CENTER, L.L.C. TAMMY PATTON ST ALPHONSUS DIVERSIFIED 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	SAINT ALPHONSUS DIVERSIFIED	1055 N CURTIS RD	BOISE	ID	USA	83706	
MEMBER	CARE INC						
	WEST VALLEY MEDICAL CENTER	1717 ARLINGTON AVE.	CALDWELL	ID	USA	83605	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 13391		Signature: Tammy Patton			Date: 12/30/2009		
		Name (type or print): Tammy Patton			Title: Coordinator		
Processed 12/30/2009		* Electronically provided signatures are accepted as original signatures.					