

No. W 1801	Annual Report Form 1995 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX PATRICK J. MILLER, ESQ. 277 N 6TH ST SUITE 2																																					
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct SANC REAL ESTATE, LLC PATRICK J MILLER, ESQ. P O BOX 2720 BOISE ID 83701		BOISE ID 83702 3. Organized Under the Laws of: ID W 1801																																					
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table border="1" data-bbox="16 351 1480 680"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Member</td> <td>Saint Alphonsus</td> <td>1055 N. Curtis Rd.</td> <td>Boise</td> <td>ID</td> <td>83706</td> </tr> <tr> <td></td> <td>Diversified Care, Inc.</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Member</td> <td>Jon Wagnild, M.D.</td> <td>901 N. Curtis Rd., Suite 403,</td> <td>Boise</td> <td>ID</td> <td>83706</td> </tr> <tr> <td>Member</td> <td>Nagraj Narasimhan, M.D.</td> <td>901 N. Curtis Rd., Suite 403,</td> <td>Boise,</td> <td>ID</td> <td>83706</td> </tr> <tr> <td>Member</td> <td>Micheal Adcox, M.D.</td> <td>901 N. Curtis Rd., Suite 403</td> <td>Boise</td> <td>ID</td> <td>83706</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	Member	Saint Alphonsus	1055 N. Curtis Rd.	Boise	ID	83706		Diversified Care, Inc.					Member	Jon Wagnild, M.D.	901 N. Curtis Rd., Suite 403,	Boise	ID	83706	Member	Nagraj Narasimhan, M.D.	901 N. Curtis Rd., Suite 403,	Boise,	ID	83706	Member	Micheal Adcox, M.D.	901 N. Curtis Rd., Suite 403	Boise	ID	83706
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5. SIGNATURE OF CURRENT RA ANY LAWFUL		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u><i>Jon P. Wagnild</i></u> Date <u>7/25/96</u> Name (Typed or Printed) <u>Jon Wagnild, M.D.</u> Title <u>Member</u>																																						
ISSUED: 07-08-1996		1288																																						