

No. <b>W 13391</b>		<b>Due no later than Nov 30, 2012</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		PATRICK J MILLER 277 N 6TH ST STE 200 BOISE ID 83702			
		<b>1. Mailing Address: Correct in this box if needed.</b>		3. <u>New</u> Registered Agent Signature:*			
		SAINT ALPHONSUS CALDWELL CANCER TREATMENT CENTER, L.L.C. SALLY E. JEFFCOAT 1055 N CURTIS RD BOISE ID 83706					
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 CARE INC	1055 N CURTIS RD	BOISE	ID	USA	83706	
MEMBER	WEST VALLEY MEDICAL CENTER	1717 ARLINGTON AVE.	CALDWELL	ID	USA	83605	
5. Organized Under the Laws of:  <b>ID W 13391</b>		6. Annual Report must be signed.* Signature: Sally E. Jeffcoat Name (type or print): Sally E. Jeffcoat					
		Date: 12/21/2012 Title: President, Diversified Care					
Processed 12/21/2012		* Electronically provided signatures are accepted as original signatures.					