

No. W 20831

Due no later than September 30, 2004
Annual Report Form

2. Registered Agent and Office **NO PO BOX**

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

SAINT ALPHONSUS PROFESSIONAL MEDICA
1055 N CURTIS RD
BOISE, ID 83706

SANDRA BENNETT BRUCE
1055 N CURTIS RD
BOISE, ID 83706

3. New Registered Agent Signature

**NO FILING FEE IF
RECEIVED BY DUE DATE**

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Manager	Saint Alphonsus	1055 N. Curtis Rd.	Boise,	ID	83706
	Regional Medical Center				
	Attn: Kenneth W. Fry				

Saint Alphonsus Regional Medical Center, Inc., sole member
1055 N. Curtis Rd. Boise ID 83706

5. Organized Under the Laws of:

IDAHO
W 20831

6.

Signature

(Typed or
Printed) Sandra Bennett Bruce

Date

9/14/04
President &

Title

CEO

Issued 07/01/2004

Do Not Tape or Staple

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