



Secretary of State
 Corporation Division
 255 Capitol Street NE, Suite 151
 Salem, OR 97310-1327

Phone: (503) 986-2200
 www.filinginoregon.com

2012 ANNUAL REPORT

Registry Number: 037230-12

Date of Incorporation: 02/20/1934

Fee: \$50.00

Due Date: 02/20/2012

Type: DOMESTIC NONPROFIT CORPORATION

48 20 50

0295
 PROVIDENCE HEALTH & SERVICES - OREGON
 ATTN DEPT. OF LEGAL AFFAIRS
 1801 LIND AVE SW #9016
 RENTON WA 98057-9016

FILED

FEB 01 2012

OREGON
 SECRETARY OF STATE

Name of Domestic Nonprofit Corporation
 PROVIDENCE HEALTH & SERVICES - OREGON

Jurisdiction: OREGON

Nonprofit Type: Religious With Members

The following information is required by statute. Please complete the entire form. If any of the information is incorrect, you can make changes on this form. Failure to submit this Annual Report and fee by the due date may result in inactivation on our records.

Registered Agent

BUSINESS FILINGS INCORPORATED
 388 STATE ST #420
 SALEM OR 97301

If the Registered Agent has changed, the new Agent has consented to the appointment. Oregon street address required.

1) Type of Business

2) Principal Place of Business (Str. address,city,state,zip)

1801 LIND AVE SW #9016
 RENTON WA 98057-9016

3) Mailing Address (Address,city,state,zip)

ATTN DEPT. OF LEGAL AFFAIRS
 1801 LIND AVE SW #9016
 RENTON WA 98057-9016

4) President Name and Address

JOHN F KOSTER
 1801 LIND AVE SW #9016
 RENTON WA 98057-9016

5) Secretary Name and Address

JEFFREY W ROGERS
 1801 LIND AVE SW #9016
 RENTON WA 98057-9016

6) Signature

Jeffrey W Rogers

8) Date

1/23/12

PROVIDENCE HEALTH & SERVICES -



3723012-13271349

RENANA

Make check payable to "Corporation Division" and mail completed form with payment to Secretary of State, Corporation Division, 255 Capitol ST NE Suite 151, Salem, OR 97310-1327.

Note: You can also fax to (503) 378-4381. Filing fees may be paid with VISA or MasterCard. Submit the card number and expiration date on a separate page for your protection.