| No. C 149317 | | Due no later than May 31, 2012 | | 2. Registered Ag | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|---|--|---|-------------------------------------|--|-------------------|------------------------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. IDAHO SURGICENTER, INC. CHAR WOODLAND 1157 POCATELLO ID 83201 | | 1157 CALL PL POCATELLO | CHAR BARNARD 1157 CALL PLACE POCATELLO ID 83201 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine | | | | | - Agent o | | | |
| Office Held Name | | css Addresses of Tre | Street or PO Address | City | State | Country | Postal Code | |
| SECRETARY PRESIDENT DIRECTOR | BRENT CHRISTENSEN DAVID K CROSHAW DPM CHAR WOODLAND | | 1157 CALL PLACE 1157 CALL PLACE PO BOX 2067 | POCATELLO POCATELLO POCATELLO | ID ID ID | USA USA USA | 83201 83201 83206-2067 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID C 149317 | | Signature: Char Barnard Name (type or print): Char Barnard | | Title | Date: 04/09/2012 Title: Admin/Director | | | |
| Processed 04/09/2012 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |