

No. W 17364		Due no later than Dec 31, 2014		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. NORTH IDAHO DAY SURGERY, LLC ALINA DICHOSO MCMAHON NSH NORTH IDAHO INC 250 S WACKER DR STE 500 CHICAGO IL 60606 USA		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE 83713			
				3. <u>New</u> Registered Agent Signature:*			
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	
MANAGER	NSH NORTH IDAHO INC	250 S WACKER DR STE 500	CHICAGO	IL	USA	60606	
5. Organized Under the Laws of: ID W 17364		6. Annual Report must be signed.* Signature: DAVID NT WATSON Name (type or print): DAVID NT WATSON				Date: 10/21/2014 Title: VP	
Processed 10/21/2014		* Electronically provided signatures are accepted as original signatures.					