No. <b>C 149317</b>		Due no later than May 31, 2013		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		to recover to the forest recover to	CHAR BARNARD			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  IDAHO SURGICENTER, INC. CHAR CONILOGUE 1157 CALL PLACE POCATELLO ID 83201		POCATELLO 1	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	ess Addresses of Pr	esident, Secretary, and Directors. Treas	surer (optional).				
Office Held Na	Held Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT DAVID K CR		OSHAW DPM	1157 CALL PLACE	POCATELLO	ID	USA	83201	
DIRECTOR CHAR CONIL			PO BOX 2067	POCATELLO	ID	USA	83206-2067	
SECRETARY BR	BRENT CHRISTENSEN		1157 CALL PLACE	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of: 6. A		6. Annual Report must be signed.*						
ID		Signature: C. Conilogue		Dar	Date: 03/26/2013			
C 149317		Name (type or print): C. Conilogue		Tit	Title: Administrator			
Processed 03/26/2013 * Electronically provided signatures are accepted as original signatures.								