No. C 86586 Return to:		Due no later than May 31, 2013 Annual Report Form		2. Register	2. Registered Agent and Address (NO PO BOX) PETER C. JONES 4848 KOKANEE BAY CT COEUR D'ALENE ID 83814 3. New Registered Agent Signature:*				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. COEUR D'ALENE SURGERY CENTER, INC. PETER C. JONES 4848 KOKANEE BAY CT COEUR D'ALENE ID 83814							
				3. <u>New</u> Re					
4. Corporations: Enter	Names and Busin	ess Addresses of Presid	dent, Secretary, and Directors. Trea	surer (optional).					
Office Held	Name		Street or PO Address	City		State	Country	Postal Code	
TREASURER SECRETARY PRESIDENT	PETER C JC KATHLEEN Z PETER C JC	JONES	4848 KOKANEE BAY CT 4848 KOKANEE BAY CT 4848 KOKANEE BAY CT	COEUR D COEUR D COEUR D	ALENE	ID ID ID	USA USA USA	83814 83814 83814	
					/ \LL!\L				
5. Organized Under the Laws of:		6. Annual Report must be signed.*							
ID		Signature: Peter C Jones			Date: 03/29/2013				
C 86586		Name (type or print): Peter C Jones			Title: President				
			ed signatures are accepted as origina	d standards					