

No. W 23684	Due no later than Apr 30, 2014 Annual Report Form		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	1. Mailing Address: Correct in this box if needed.		TONY D QUINTON 3369 MERLIN DR IDAHO FALLS ID 83404			
	IDAHO SURGICENTER NORTH, LLC CHARLENE CONILOGUE PO BOX 1386 IDAHO FALLS ID 83403		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	TONY D QUINTON	3369 MERLIN DR	IDAHO FALLS	ID	USA	83404
5. Organized Under the Laws of: ID W 23684		6. Annual Report must be signed.* Signature: Tony Quinton Name (type or print): Tony Quinton		Date: 02/10/2014 Title: Owner		
Processed 02/10/2014		* Electronically provided signatures are accepted as original signatures.				