

No. W 18388		Due no later than Mar 31, 2012		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. PARKWAY SURGERY CENTER, LLC ROBERT J LEE 1485 PARKWAY BLACKFOOT ID 83221 USA		ROBERT J LEE 1485 PARKWAY BLACKFOOT ID 83221			
				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	
MEMBER	DAVE COLLETTE	2230 E 25TH ST	IDAHO FALLS	ID	USA	83404	
MEMBER	BRET RODGERS	6077 N. EAGLE ROAD	BOISE	ID	USA	83713	
5. Organized Under the Laws of: ID W 18388		6. Annual Report must be signed.* Signature: Robert J Lee Name (type or print): Robert J Lee Date: 01/10/2012 Title: Co-Manager					
Processed 01/10/2012		* Electronically provided signatures are accepted as original signatures.					

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