

No. W 87501		Due no later than Oct 31, 2010 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		1. Mailing Address: Correct in this box if needed. NORTH IDAHO SURGERY, PLLC JOHN P LUNDEBY 3741 W FAIRWAY DR COEUR D'ALENE ID 83815 USA		JOHN P LUNDEBY M.D. 3741 W FAIRWAY DR COEUR D'ALENE ID 83815			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name ARYN K PRESTA	Street or PO Address 524 WEST SIXTH AVENUE		City SPOKANE	State WA	Country USA	Postal Code 99204
5. Organized Under the Laws of: ID W 87501		6. Annual Report must be signed.* Signature: John P. Lundeby Name (type or print): John P. Lundeby Date: 08/25/2010 Title: Owner/Surgeon					
Processed 08/25/2010 * Electronically provided signatures are accepted as original signatures.							