No. <b>C 86586</b>		Due no later than May 31, 2011 2. Registered Agent and Address (NO PO BOX)					
Return to:		Annual Report Form PETER C. JONES					
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 2121 IRONWOOD CENTER DRIVE COEUR D'ALENE ID 83814		2121 IRONWOOD CENTER DRIVE COEUR D'ALENE ID 83814  3. New Registered Agent Signature:*			
Office Held	ffice Held Name		Street or PO Address	City	State	Country	Postal Code
TREASURER PETER C JONES SECRETARY KATHLEEN Z JONES PRESIDENT PETER C JONES		JONES	2121 IRONWOOD CENTER DR 2121 IRONWOOD CENTER DR 2121 IRONWOOD CENTER DR	COEUR D ALENE COEUR D ALENE COEUR D ALENE	ID ID ID	USA USA USA	83814 83814 83814
5. Organized Under the Laws of:  ID  C 86586		6. Annual Report must be signed.*  Signature: Peter C Jones  Name (type or print): Peter C Jones		Date: 03/18/2011 Title: President			
Processed 03/18/2011 * Electronically provided signatures are accepted as original signatures.							