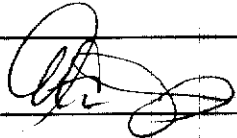


No. C117661	Annual Report Form <i>Due No Later Than November 30,</i> 1999	2. Registered Agent and Office NOT A P.O. BOX																														
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct	A C JONES III MD 900 N LIBERTY STE 400 BOISE ID 83704																														
	SOUTHWEST IDAHO SURGERY CENT 900 N LIBERTY STE 400 BOISE ID 83704	3. Organized Under the Laws of: ID C117661																														
	4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Office held</th> <th style="width: 35%;">Name</th> <th style="width: 35%;">Street or P.O. Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Zip</th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>ARTHUR C. JONES, M.D.</td> <td>900 N. LIBERTY ST #400</td> <td>BOISE</td> <td>ID</td> <td>83704</td> </tr> <tr> <td>V-PRESIDENT</td> <td>DELRAY MAUGHAN, M.D.</td> <td>900 N. LIBERTY ST. #400</td> <td>BOISE</td> <td>ID</td> <td>83704</td> </tr> <tr> <td>SECRETARY</td> <td>MATTHEW B. SCHWARZ, MD.</td> <td>900 N. LIBERTY ST #400</td> <td>BOISE</td> <td>ID</td> <td>83704</td> </tr> <tr> <td>MED DIRECTOR</td> <td>W. DAVIS MERRITT, M.D.</td> <td>900 N. LIBERTY ST. #400</td> <td>BOISE</td> <td>ID</td> <td>83704</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	PRESIDENT	ARTHUR C. JONES, M.D.	900 N. LIBERTY ST #400	BOISE	ID	83704	V-PRESIDENT	DELRAY MAUGHAN, M.D.	900 N. LIBERTY ST. #400	BOISE	ID	83704	SECRETARY	MATTHEW B. SCHWARZ, MD.	900 N. LIBERTY ST #400	BOISE	ID	83704	MED DIRECTOR	W. DAVIS MERRITT, M.D.	900 N. LIBERTY ST. #400	BOISE	ID	83704
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5. Signature of New Registered Agent	6.  <table style="width: 100%;"> <tr> <td style="width: 30%;">Signature</td> <td style="width: 30%; text-align: center;"> </td> <td style="width: 20%;">Date</td> <td style="width: 20%; text-align: center;"> </td> </tr> <tr> <td>Name (Typed or Printed)</td> <td style="text-align: center;">ARTHUR C. JONES, M.D.</td> <td>Title</td> <td style="text-align: center;">PRESIDENT</td> </tr> </table>		Signature		Date		Name (Typed or Printed)	ARTHUR C. JONES, M.D.	Title	PRESIDENT																						
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ISSUED: 07-03-1999

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