

No. <b>C 144857</b>		<b>Due no later than Jul 31, 2012</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  IDAHO FALLS SURGICAL CENTER, INC. MARK PETERSEN 1945 E 17TH ST IDAHO FALLS ID 83404		MARK PETERSON MD 2940 BALBOA DR. IDAHO FALLS ID 83404	
				3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
DIRECTOR	MARK L PETERSEN MD	PO BOX 1709	IDAHO FALLS	ID	USA 83401
5. Organized Under the Laws of:  <b>UT C 144857</b>		6. Annual Report must be signed.* Signature: Julie Pond Name (type or print): Julie Pond Date: 05/18/2012 Title: Finance/HR Director			
Processed 05/18/2012		* Electronically provided signatures are accepted as original signatures.			