

No. L 2449		Due no later than May 31, 2018 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. TREASURE VALLEY HOSPITAL LIMITED PARTNERSHIP 8800 EMERALD STREET BOISE ID 83704		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
Office Held GENERAL PARTNER	Name SURGICAL HEALTH, LLC	Street or PO Address 569 BROOKWOOD VILLAGE SUITE 901	City BIRMINGHAM	State AL	Country USA	Postal Code 35209	
5. Organized Under the Laws of: ID L 2449	6. Annual Report must be signed.* Signature: Kelly Lettmann Name (type or print): Kelly Lettmann						Date: 04/20/2018 Title: POA
Processed 04/20/2018		* Electronically provided signatures are accepted as original signatures.					