

No. L 2449		Due no later than May 31, 2018		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705			
		1. Mailing Address: Correct in this box if needed. TREASURE VALLEY HOSPITAL LIMITED PARTNERSHIP 8800 EMERALD STREET BOISE ID 83704		3. <u>New</u> Registered Agent Signature:*			
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
GENERAL PARTNER	SURGICAL HEALTH, LLC	569 BROOKWOOD VILLAGE SUITE 901	BIRMINGHAM	AL	USA	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.					