

No. W 50005		Due no later than Apr 30, 2012		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		1. Mailing Address: Correct in this box if needed. SURGERY CENTER OF IDAHO LLC LONNA D WELCH 2855 E MAGIC VIEW DR MERIDIAN ID 83642		TODD WALDMANN MD 2855 E MAGIC VIEW DR MERIDIAN ID 83642			
				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	JOSEPH WILLIAMS MD	2855 E MAGIC VIEW DRIVE	MERIDIAN	ID	USA	83642	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 50005		Signature: Lonna Welch				Date: 02/17/2012	
		Name (type or print): Lonna Welch				Title: Administrator	
Processed 02/17/2012		* Electronically provided signatures are accepted as original signatures.					