

No. W 3343	Due no later than Dec 31, 2001	2. Registered Agent and Office 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	PATRICK J. MILLER
	1. Mailing Address - Correct in this box, if applicable MERCY OUTPATIENT SURGERY CENTER, L. PATRICK J. MILLER 227 N 6TH ST #200 BOISE, ID 83702	227 N 6TH ST #200 BOISE, ID 83702
		3. <u>New</u> Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Member	Mercy Medical Center	1512 12th Avenue Rd.	Nampa	ID	83686
Member	Idaho Ambucare Center	13752 Locust Lane	Nampa	ID	83686

5. Organized Under the Laws of: IDAHO W 3343	6. Signature  Date <u>12/31/01</u> Name <small>(Typed or Printed)</small> <u>Patrick J. Miller</u> Title <u>Registered Agent</u>
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