No. W 334:	3	Due no later than December 31, 2007		2. Registered Agent and Office NO PO BOX	
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form  1. Mailing Address - Correct in this box, if applicable  MERCY OUTPATIENT SURGERY CENTER, L.  JOSEPH A MESSMER  1512 12TH AVE RD  NAMPA, ID 83686		CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE, ID 83702 USA  3. New Registered Agent Signature	
		nies: Enter Names and Addresses of N	Managers.	**************************************	**************************************
Office held	Name	Street or P.O. Address	City	State	<u>Zip</u>
President	Gary Botimer, ID AmbuCare		Nampa	ID	83686
President	Joseph Messn Mercy Outpt		Nampa	ID	83686
President	Gary Botimer, Premier Surgi		Nampa	ID	83686
	r the Laws of: PAHO 7 3343	6. Signature Name (Typed Note of )	7. Mar A. Messm	Date 10  W Title ##	[30]07 ident
Issued 10/01/2007		Do Not Tape or Staple		200712006385	

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