

No. W 23684		Due no later than Apr 30, 2016 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. IDAHO SURGICENTER NORTH, LLC CHARLENE CONILOGUE PO BOX 1386 IDAHO FALLS ID 83403		TONY D QUINTON 3369 MERLIN DR IDAHO FALLS ID 83404			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name TONY D QUINTON	Street or PO Address 3369 MERLIN DR		City IDAHO FALLS	State ID	Country	Postal Code 83404
5. Organized Under the Laws of: ID W 23684		6. Annual Report must be signed.* Signature: Charlene Conilogue Name (type or print): Charlene Conilogue Date: 02/29/2016 Title: Practice Administrator					
Processed 02/29/2016 * Electronically provided signatures are accepted as original signatures.							