

No. W 23684		Due no later than Apr 30, 2016		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		TONY D QUINTON 3369 MERLIN DR IDAHO FALLS ID 83404	
		1. Mailing Address: Correct in this box if needed. IDAHO SURGICENTER NORTH, LLC CHARLENE CONILOGUE PO BOX 1386 IDAHO FALLS ID 83403		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	TONY D QUINTON	3369 MERLIN DR	IDAHO FALLS	ID	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.			