

No. W 18388

Due no later than March 31, 2008

Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

PARKWAY SURGERY CENTER, LLC
ROBERT LEE
1485 PARKWAY
BLACKFOOT, ID 83221ROBERT J LEE
1443 PARKWAY STE 1
BLACKFOOT, ID 83221NO FILING FEE IF
RECEIVED BY DUE DATE3. New Registered Agent Signature

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

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Manager	Robert J. Lee	P.O. Box 928	Blackfoot	ID	83221
Manager	Bret Rodgers	6077 N. Eagle Rd.	Boise	ID	83713

5. Organized Under the Laws of:
IDAHO
W 18388

6.

Signature

Robert J. Lee

Date

1-17-08

Name

(Typed or
Printed)

Robert J. Lee

Title

Co-manager

Issued 01/02/2008

Do Not Tape or Staple

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