

No. <b>C 117661</b>		<b>Due no later than Jan 31, 2014</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  SOUTHWEST IDAHO SURGERY CENTER, INC. LAUREL SOUTHERS 900 N LIBERTY STE 450 BOISE ID 83704		A C JONES III MD 900 N LIBERTY STE 400 BOISE ID 83704			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	TODD J RUSTAD, MD	900 N. LIBERTY ST., STE 450	BOISE	ID	USA	83704	
SECRETARY	RYAN L VANDEGRAAFF, MD	900 N. LIBERTY ST., STE 450	BOISE	ID	USA	83704	
DIRECTOR	ARTHUR C JONES III, MD	900 N. LIBERTY ST., STE 450	BOISE	ID	USA	83704	
DIRECTOR	ERIC T GARNER, MD	900 N. LIBERTY ST., STE 450	BOISE	ID	USA	83704	
PRESIDENT	MATTHEW B SCHWARZ, MD	900 N. LIBERTY ST., STE 450	BOISE	ID	USA	83704	
5. Organized Under the Laws of:  <b>ID</b> <b>C 117661</b>		6. Annual Report must be signed.*  Signature: Laurel Southers Name (type or print): Laurel Southers					
		Date: 11/18/2013 Title: Administrator					
Processed 11/18/2013		* Electronically provided signatures are accepted as original signatures.					