

No. W 115562		Due no later than Jul 31, 2017		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		1. Mailing Address: Correct in this box if needed. SKYLINE SURGERY CENTER, LLC KIM MAGAGNA 285 VISTA DR POCATELLO ID 83201		RYAN HOPE 285 VISTA DRIVE POCATELLO ID 83201			
				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	
MEMBER	JEFFERY STUCKI	560 MEMORIAL DRIVE	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 115562		Signature: Kim Magagna				Date: 05/23/2017	
		Name (type or print): Kim Magagna				Title: Clinical Director	
Processed 05/23/2017		* Electronically provided signatures are accepted as original signatures.					