No. **C 72483**	**Due no later than Apr 30, 2010** **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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** NORTH IDAHO DAY SURGERY AND LASER SURGERY CENTER, INC. RONALD H ROCK 1593 E. POLSTON AVE POST FALLS ID 83854	RONALD H ROCK 2205 NORTH IRONWOOD PLACE COEUR D'ALENE ID 83814 3. New 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
PRESIDENT	MICHAEL DRAGER	1593 E POLSTON AVE	POST FALLS	ID	USA	83854
SECRETARY	RONALD H ROCK	1593 E POLSTON AVE	POST FALLS	ID	USA	83854

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 72483**	Signature: Gina Schneider	Date: 02/23/2010
	Name (type or print): Gina Schneider	Title: Bookkeeper

Processed 02/23/2010

* Electronically provided signatures are accepted as original signatures.