No. <b>C 149629</b>		Due no later than Jun 30, 2011		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  RIVER RUN SURGERY CENTER, INC. JOHN BOYAJIAN 727 E RIVERPARK LANE STE 200 BOISE ID 83706		727 E RIVE BOISE ID	DAVID A BLACKMER 727 E RIVERPARK LANE STE 200 BOISE ID 83706  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE  4. Corporations: Enter Names and Busine		ess Addresses of Pi	resident, Secretary, and Directors. Treasure	r (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	JOHN BOYA	JIAN	727 E RIVERPARK LANE STE 200	BOISE	ID	USA	83706	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 149629		Signature: Johr		Date: 04/15/2011				
		Name (type or		Title: President				
Processed 04/15/201	.1	* Electronically pro	vided signatures are accepted as original si	gnatures.	_		_	