No. **W 18388**	**Due no later than Mar 31, 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.** PARKWAY SURGERY CENTER, LLC ROBERT LEE 1485 PARKWAY BLACKFOOT ID 83221	ROBERT J LEE 1443 PARKWAY STE 1 BLACKFOOT ID 83221 3. New 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	BRET RODGERS	6077 W. EAGLE ROAD	BOISE	ID	USA	83713

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 18388**	Signature: Robert J Lee	Date: 01/20/2010
	Name (type or print): Robert J Lee	Title: Co-Manager

Processed 01/20/2010

* Electronically provided signatures are accepted as original signatures.