

No. W 101	Annual Report Form 1997 <i>Due No Later Than November 30,</i>	2. Registered Agent and Office NOT A P.O. BOX C T CORPORATION SYSTEM 300 N 6TH ST BOISE ID 83702
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct SURGICARE CENTER OF IDAHO, L W ANDREW LYLE, M.D. 755 E 3900 S SALT LAKE CITY UT 84107	3. Organized Under the Laws of: ID W 101
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input checked="" type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)		
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>
<u>City</u>	<u>State</u>	<u>Zip</u>
Manager Manager	W. Andrew Lyle Lori D. Lyle	6114 HOLLADAY BLVD SALT LAKE CITY 6114 HOLLADAY BLVD SALT LAKE CITY
UT 84121 UT 84121		
5. SIGNATURE OF CURRENT RA		
6.		
Signature: <u>W. Andrew Lyle</u>		Date: <u>9-29-97</u>
Name (Typed or Printed): <u>W. Andrew Lyle</u>		Title: <u>Manager</u>

ISSUED: 07-04-1997

↓ DO NOT TAPE OR STAPLE ↓

3438