No. C 149317  Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE		Due	2. Registered Ag	2. Registered Agent and Address (NO PO BOX)  CHAR BARNARD  1157 CALL PLACE POCATELLO ID 83201  3. New Registered Agent Signature:*			
		Annual Report Form  1. Mailing Address: Correct in this box if needed.  IDAHO SURGICENTER, INC. CHARLENE Conilogue POST OFFICE BOX 2067 Pocatello ID 83206-2067					
<ol><li>Corporations: Enter Na Office Held</li></ol>	mes and Busin Name	ess Addresses of F	President, Secretary, and Directors. Treas Street or PO Address	urer (optional). City	State	Country	Postal Code
SECRETARY DIRECTOR PRESIDENT	BRANDON D. WILDE CHAR CONILOGUE DARIN G. GAMBLES		1157 CALL PLACE PO BOX 2067 1157 CALL PLACE	POCATELLO POCATELLO POCATELLO	ID ID ID	USA USA USA	83201 83206-2067 83201
5. Organized Under the Laws of:		6. Annual Report	must be signed.*				
ID		Signature: Cha		Date: 05/23/2018			
C 149317		Name (type or		Title: Director			
Processed 05/23/2018		* Electronically pr	ovided signatures are accepted as origina	l signatures.			