

No. <b>W 22609</b>		<b>Due no later than Feb 28, 2011</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> PALOUSE SURGERY CENTER, L.L.C. AMY CLARK 2300 W A ST MOSCOW ID 83843		AMY CLARK 2300 W A ST MOSCOW ID 83843		
				3. <u>New</u> 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	CONNIE OSBORNE	2300 WEST A STREET	MOSCOW	ID	USA	83843
MEMBER	ROBERT K SMITH	2300 WEST A STREET	MOSCOW	ID	USA	83843
MANAGER	STEVE PENNINGTON	2300 W A ST	MOSCOW	ID	USA	83843
MANAGER	LLOYD PERINO	2300 W A ST	MOSCOW	ID	USA	83843
MANAGER	KARA BESST	2300 W A ST	MOSCOW	ID	USA	83843
MEMBER	CHARLES JACOBSON	2300 WEST A STREET	MOSCOW	ID	USA	83843
MEMBER	BJ SWANSON	2300 WEST A STREET	MOSCOW	ID	USA	83843
5. Organized Under the Laws of:  <b>ID W 22609</b>		6. Annual Report must be signed.* Signature: A. Clark Name (type or print): A. Clark Date: 12/15/2010 Title: Executive Director				
Processed 12/15/2010		* Electronically provided signatures are accepted as original signatures.				