No. C 117661	Due no later than Jan 31, 2003 Annual Report Form 1. Mailing Address - Correct in this box, if applicable SOUTHWEST IDAHO SURGERY CENTER, INC 900 N LIBERTY STE 460 Swite 450		Registered Agent and Office NO PO A C JONES III MD		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720			900 N LIBERTY STE 400 BOISE, ID 83704		
BOISE, ID 83720-0080 NO FILING FEE IF	BOISE, ID 83794			d Agent Signature	
RECEIVED BY DUE DATE	mes and Business Addresses of President,	Secretary	y and Directors	3 .	
 Corporations: Enter Nar 	mes and business Addresses of Teaching	City	State	<u>Zip</u>	
Office held Name	Street or P.O. Address III, M.D. 900 N.Liberty #450	Bois	se ID	83704	
V-President DelRay Mau		Bois	se ID	83704	
	chwarz,M.D. 900 N.Liberty #450	Bois	se ID	83704	
	chwarz,M.D. 900 N.Liberty #450	Bois	se ID	83704	
	ughan, M.D. 900 N.Liberty #450	Boi	se ID	83704	
5. Organized Under the Laws of:	6.	 -	Date .	1-21-2003	
IDAHO C 117661	SignatureA.C. JONES II	II, M.D		President	
	0110				1986
lssued 11/01/2002	Do Not Tape or Staple				