

No. W 18388		Due no later than Mar 31, 2015 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		1. Mailing Address: Correct in this box if needed. PARKWAY SURGERY CENTER, LLC ROBERT J LEE 1485 PARKWAY BLACKFOOT ID 83221 USA		ROBERT J LEE 1485 PARKWAY BLACKFOOT 83221			
NO FILING FEE IF RECEIVED BY DUE DATE				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	
MANAGER	DAVE COLLETTE	2230 E 25TH ST	IDAHO FALLS	ID	USA	83404	
MEMBER	BRET RODGERS	2770 S. PAJARO WAY	MERIDIAN	ID	USA	83616	
MEMBER	TAYLOR JOHANSEN	1441 PARKWAY	BLACKFOOT	ID	USA	83221	
MEMBER	CHRISTOPHER RILEY	PO BOX 782	BLACKFOOT	ID	USA	83221	
MANAGER	ROBERT J LEE	6073 WEST 49 SOUTH	IDAHO FALLS	ID	USA	83402	
5. Organized Under the Laws of: ID W 18388		6. Annual Report must be signed.* Signature: Robert Lee Name (type or print): Robert Lee					
		Date: 01/19/2015 Title: Co-manager					
Processed 01/19/2015		* Electronically provided signatures are accepted as original signatures.					