

No. 103473

Idaho Corporation Annual Report Form

ISSUED: 07-05-1994

Due No Later Than November 1, 1994

Return To

Secretary of State
Room 203, Statehouse
P.O. BOX 83720
Boise, ID 83720-0080

* FIRST NOTICE *
NO FEE REQUIRED

1. Mailing Address — *Please Complete if Not Current*

LAKE CITY SURGERY CENTER, INC.
STEPHEN ATKINSON MD
2201 IRONWOOD PLAZA STE B
COEUR D ALENE ID 83814

2. Registered Agent and Office

STEPHEN ATKINSON MD
2201 IRONWOOD PLAZA STE B

COEUR D ALENE ID 83814

3. Incorporated Under The Laws

of ID

NO: 103473

4. Names and Addresses of Officers and Directors

MUST BE PRINTED OR TYPED

Name

Street or P.O. Address

City

State

Zip

President: Stephen Atkinson, MD
Secretary: Leana L. Kelley
Directors: Stephen G. Atkinson MD

4629 So. Hayden Lk.Rd Hayden, Ida. 83835
PO Box 95 Post Falls, Id 83854

5. Nature of Business

Surgery Center

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.

Signature

Name (Typed or Printed)

Date

Title

9/30/94