

No. W 64799	Due no later than Jul 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. PEND OREILLE SURGERY CENTER, LLC KRIS SABO 30544 HWY 200 STE 201 PONDERAY ID 83852 USA		MICHAEL R DEBENEDETTO 30544 HWY 200 STE 102 PONDERAY ID 83852			
			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	MICHAEL R DIBENEDETTO	30544 HWY 200 STE 102	PONDERAY	ID		83852
5. Organized Under the Laws of: ID W 64799		6. Annual Report must be signed.* Signature: Kris Sabo Name (type or print): Kris Sabo Date: 05/19/2015 Title: Executive Director				
Processed 05/19/2015		* Electronically provided signatures are accepted as original signatures.				