

No. **W 23684**

Due no later than April 30, 2005
Annual Report Form

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

IDAHO SURGICENTER NORTH, LLC
3369 MERLIN DR
IDAHO FALLS, ID 83404

2. Registered Agent and Office **NO PO BOX**

CHARLES CALL
3369 MERLIN DR
IDAHO FALLS, ID 83404

**NO FILING FEE IF
RECEIVED BY DUE DATE**

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Manager	Charles Call	718 Beulahs Ln	Idaho Falls	ID	83401
Manager	Colleen Call	718 Beulahs Ln	Idaho Falls	ID	83401

5. Organized Under the Laws of:

IDAHO
W 23684

6.

Signature

Name (Typed or Printed)

Colleen Call
Colleen Call

Date

Title

3-17-05

Manager

Issued 02/01/2005

Do Not Tape or Staple

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