No. <b>W 94929</b>		Due no later than Jul 31, 2016			2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		JEREMY D ROPER  1296 E POLSTON AVE STE B  POST FALLS ID 83854  3. New Registered Agent Signature:*				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	NORTH IDAH JEREMY D 1296 E POLS	1. Mailing Address: Correct in this box if needed.  NORTH IDAHO SURGICAL COOPERATIVE, LLC JEREMY D ROPER  1296 E POLSTON AVE STE B  POST FALLS ID 83854						
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companies: El	nter Names and Addres	ses of at least one Member or Manager.						
Office Held Name	)	Street or PO Address	City	State	Country	Postal Code		
THE REPORT OF THE PERSON OF TH	NCE SURGICAL 1Y D ROPER	1901 W. LUGONAI AVE. 1296 E POLSTON #B	REDLANDS POST FALLS	CA ID	USA USA	92374 83854		
5. Organized Under the Laws of	6. Annual Repo	6. Annual Report must be signed.*						
ID	Signature: 3	Signature: Jeremy Roper		Date: 06/21/2016				
W 94929	Name (type	Name (type or print): Jeremy Roper		Title: Managing Member				
Processed 06/21/2016	* Electronically provided signatures are accepted as original signatures.							