No. W 2343	Due no later than December 31, 2003 Annual Report Form 1. Mailing Address - Correct in this box if applicable		2. Registered Agent and Office NO PO BOX	
SECRETARY OF STATE			PATRICK J. MILLER	
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	MERCY OUTPATIENT SURGERY CENTER, L. PATRICK J. MILLER 227 N 6TH ST #200		227 N 6TH ST #200 BOISE, ID 83702	
NO FILING FEE IF RECEIVED BY DUE DATE	BOISE, ID 83702	3. New Registered Agent Signature		
4. Limited Liability Compani	es: Enter Names and Addresses of Members			
Office held Name	Street or P.O. Address	city	Sta	ite Zip
Member Mercy Medic	al Center 1512 12th Avenue Rd.	Namp		
Member Idaho Ambuca		Nampa		83686
Member Premier Sur		Nampa		83686
5. Organized Under the Laws of:	6. Signature MM		Date	1/6/03
W 3343	Name Printed) Patrick J. Miller	<u>r</u>	Title	Registered Agent
Issued 10/01/2003	Do Not Tape or Staple			1256