

INSTRUCTIONS ON REVERSE SIDE

ISSUED: 07-05-1994

| <b>No.</b> 85586   | <b>Idaho Corporation Annual Report Form</b>  |   | <b>2. Registered Agent and Office</b> <b>NOT A P.O. BOX</b> |       |      |                        |      |       |     |                          |                     |               |    |       |                           |  |  |  |  |            |  |  |  |  |
|--|--|---|---|-------|------|------------------------|------|-------|-----|--------------------------|---------------------|---------------|----|-------|---------------------------|--|--|--|--|------------|--|--|--|--|
| <b>Return To</b><br><br><b>Secretary of State</b><br><b>Room 203, Statehouse</b><br><b>P.O. BOX 83720</b><br><b>Boise, ID 83720-0080</b><br><br>* FIRST NOTICE *<br>NO FEE REQUIRED  | <b>Due No Later Than November 1, 1994</b>  |   | <b>PETER C. JONES</b>                                       |       |      |                        |      |       |     |                          |                     |               |    |       |                           |  |  |  |  |            |  |  |  |  |
|  | <b>1. Mailing Address —</b><br><br>COEUR D'ALENE SURGERY CENTER, I<br>PETER C. JONES<br>2121 IRONWOOD CENTER DRIVE |   | 2121 IRONWOOD CENTER DRIVE<br><br>COEUR D'ALENE ID 83814    |       |      |                        |      |       |     |                          |                     |               |    |       |                           |  |  |  |  |            |  |  |  |  |
|  | COEUR D'ALENE ID 83814   |   | <b>3. Incorporated Under The Laws</b><br>of ID<br>NO: 86586 |       |      |                        |      |       |     |                          |                     |               |    |       |                           |  |  |  |  |            |  |  |  |  |
| <b>4. Names and Addresses of Officers and Directors</b> <b>MUST BE PRINTED OR TYPED</b>  |  |   |   |       |      |                        |      |       |     |                          |                     |               |    |       |                           |  |  |  |  |            |  |  |  |  |
| <table border="1"><thead><tr><th>Name</th><th>Street or P.O. Address</th><th>City</th><th>State</th><th>Zip</th></tr></thead><tbody><tr><td>President: Peter C JONES</td><td>3375 WALKERS Bay Rd</td><td>Coeur d'Alene</td><td>ID</td><td>83814</td></tr><tr><td>Secretary: Kathleen Jones</td><td></td><td></td><td></td><td></td></tr><tr><td>Directors:</td><td></td><td></td><td></td><td></td></tr></tbody></table> |  |   |   |       | Name | Street or P.O. Address | City | State | Zip | President: Peter C JONES | 3375 WALKERS Bay Rd | Coeur d'Alene | ID | 83814 | Secretary: Kathleen Jones |  |  |  |  | Directors: |  |  |  |  |
| Name   | Street or P.O. Address   | City  | State   | Zip   |      |                        |      |       |     |                          |                     |               |    |       |                           |  |  |  |  |            |  |  |  |  |
| President: Peter C JONES   | 3375 WALKERS Bay Rd  | Coeur d'Alene   | ID  | 83814 |      |                        |      |       |     |                          |                     |               |    |       |                           |  |  |  |  |            |  |  |  |  |
| Secretary: Kathleen Jones  |  |   |   |       |      |                        |      |       |     |                          |                     |               |    |       |                           |  |  |  |  |            |  |  |  |  |
| Directors:   |  |   |   |       |      |                        |      |       |     |                          |                     |               |    |       |                           |  |  |  |  |            |  |  |  |  |
| <b>5. Nature of Business</b><br>Outpatient Surgery Center  |  | <b>6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete</b><br><br>Signature <i>[Signature]</i><br>Name (Typed or Printed) PETER C JONES, M.D.<br><br>Date 7/22/94<br>Title President |   |       |      |                        |      |       |     |                          |                     |               |    |       |                           |  |  |  |  |            |  |  |  |  |