

No. C 117661		Due no later than Jan 31, 2009		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. SOUTHWEST IDAHO SURGERY CENTER, INC. RYAN PHARIS 900 N LIBERTY STE 450 BOISE ID 83704		A C JONES III MD 900 N LIBERTY STE 400 BOISE ID 83704		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	TODD J RUSTAD, MD	900 N. LIBERTY ST., STE 450	BOISE	ID	USA	83704
DIRECTOR	JILL C BECK, MD	900 N. LIBERTY ST., STE 450	BOISE	ID	USA	83704
PRESIDENT	ARTHUR C JONES III, MD	900 N. LIBERTY ST., STE 450	BOISE	ID	USA	83704
DIRECTOR	W DAVIS MERRITT III, MD	900 N. LIBERTY ST., STE 450	BOISE	ID	USA	83704
DIRECTOR	DELRAY MAUGHAN, MD	900 N. LIBERTY ST., STE 450	BOISE	ID	USA	83704
DIRECTOR	ERIC T GARNER, MD	900 N. LIBERTY ST., STE 450	BOISE	ID	USA	83704
SECRETARY	MATTHEW B SCHWARZ, MD	900 N. LIBERTY ST., STE 450	BOISE	ID	USA	83704
5. Organized Under the Laws of: ID C 117661		6. Annual Report must be signed.* Signature: Ryan Pharis Name (type or print): Ryan Pharis Date: 12/12/2008 Title: Administrator				
Processed 12/12/2008		* Electronically provided signatures are accepted as original signatures.				