

|  |                |   |             |   |                     |
|--|----------------|---|-------------|---|---------------------|
| No. <b>W 23684</b>   |                | <b>Due no later than Apr 30, 2015</b>   |             | 2. Registered Agent and Address <b>(NO PO BOX)</b>    |                     |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>IDAHO SURGICENTER NORTH, LLC<br>CHARLENE CONILOGUE<br>PO BOX 1386<br>IDAHO FALLS ID 83403 |             | TONY D QUINTON<br>3369 MERLIN DR<br>IDAHO FALLS 83404 |                     |
|  |                |   |             | 3. <u>New</u> Registered Agent Signature:*            |                     |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.   |                |   |             |   |                     |
| Office Held  | Name           | Street or PO Address  | City        | State   | Country Postal Code |
| MANAGER  | TONY D QUINTON | 3369 MERLIN DR  | IDAHO FALLS | ID  | 83404               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 23684</b>   |                | 6. Annual Report must be signed.*<br>Signature: Charlene Conilogue<br>Name (type or print): Charlene Conilogue<br>Date: 02/17/2015<br>Title: Administrator                                  |             |   |                     |
| Processed 02/17/2015   |                | * Electronically provided signatures are accepted as original signatures.   |             |   |                     |