

No. C 144857		Due no later than Jul 31, 2013		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. IDAHO FALLS SURGICAL CENTER, INC. MARK PETERSEN PO BOX 1709 IDAHO FALLS ID 83401		MARK PETERSON MD 2940 BALBOA DR. IDAHO FALLS ID 83404			
				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	MARK L PETERSEN MD	PO BOX 1709	IDAHO FALLS	ID	USA	83401	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
UT C 144857		Signature: Julie Denny				Date: 06/26/2013	
		Name (type or print): Julie Denny				Title: Finance director	
Processed 06/26/2013		* Electronically provided signatures are accepted as original signatures.					