No. W 18417		Du	2. Registered Ag	2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. NORTH IDAHO SURGICAL HOSPITAL BUILDING, L.L.C. RONALD ROCK 1593 POLSTON AVE		1593 E. POLS POST FALLS	RONALD ROCK CRNA 1593 E. POLSTON POST FALLS ID 83854			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		POST FALLS ID 83854 3. New Registered Ag mes and Addresses of at least one Member or Manager.		ed Agent S	ignature:*			
	Name		Street or PO Address	City	State	Country	Postal Code	
	RONALD ROCK ROGER DUNTEMAN		1593 E.POLSTON 1593 POLSTON AVE	POST FALLS POST FALLS	ID ID	USA	83854 83854	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 18417		Signature: Ar		Date: 03/11/2016				
		Name (type o		Title: Bookkeeper				
Processed 03/11/2016	* Electronically provided signatures are accepted as original signatures.							