No. W 18388		Due no later than Mar 31, 2018		2. Registered Age	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. PARKWAY SURGERY CENTER, LLC ROBERT J LEE 1485 PARKWAY BLACKFOOT ID 83221		1485 PARKWA BLACKFOOT I	ROBERT J LEE 1485 PARKWAY BLACKFOOT ID 83221 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
200		mes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	ROBERT LEE		1485 PARKWAY	BLACKFOOT	ID		83221	
IEMBER JOHN BURTE		ENSHAW	5183 EAST 21ST STREET	IDAHO FALLS	ID	USA	83406	
MEMBER TAYLOR JOH		HANSEN	1441 PARKWAY	BLACKFOOT	ID	USA	83221	
MEMBER	DENNIS STODDARD		1417 WINCHESTER DRIVE	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 18388		Signature: Robert Lee			Date: 02/09/2018			
		Name (type or print): Robert Lee		Т	Title: Member			
Processed 02/09/2018		* Electronically pr	ovided signatures are accepted as original	signatures.				