No. 🕷 3343			nnual Report Form	1997	2. Registered Age	nt and Office N	OT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED		Due No Later Than November 30, I. Mailing Address - Please Correct If Not Correct MSRCY OUTPATIENT SUPGERY CEN PATRICK J. MILLER 227 N cTn ST #20c		PATRICK J. MILLER 227 N 6TH ST #200			
					RCISE		D 83702
				3. Organized Under the Laws of:			
** FINAL .		ESISE .	ID 3570		I D	Sel.	3343
Limited Liabili	Enter Names and I ity Companies: Enti	Business Addresses er Names and Addre	of President, Secretary and Dissess of C Managers or C		(check one)		
Office held	Name		Street or P.O. Address		City	State	Zip
Member	Mercy Medic	al Center	1512 - 12th Avenue R	d.	Nampa	ID	83686
Member	Idaho Ambu	Care Center, Inc	:. 13752 Locust Lane		Nampa	ID	83686
					•		
5. Signatu:	RE OF CURR	I.	nature Apresh a	Ma	Oate .	10/23/	97
			Joseph A. Messi	mer	Title _	Pres. & C	EO, Mercy
IssuE	0: 10-04-1		NOT TAPE OR STA	VPLE)		960	- Topo Topo de de Servicio de Companyo de