

No. W 22609		Due no later than Feb 28, 2017		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		AMY CLARK 2300 W A ST MOSCOW ID 83843		
		1. Mailing Address: Correct in this box if needed.		PALOUSE SURGERY CENTER, L.L.C. AMY CLARK 2300 W A ST MOSCOW ID 83843		
		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
MEMBER	DAVID LEACH	2300 W A ST	MOSCOW	ID	USA	83843
MEMBER	ROBERT ELLISON	2300 W A ST	MOSCOW	ID	USA	83843
MEMBER	GREG KIMBERLING	2300 W A ST	MOSCOW	ID	USA	83843
MEMBER	KARA BESST	2300 W A ST	MOSCOW	ID	USA	83843
MEMBER	CHARLES JACOBSON	2300 WEST A STREET	MOSCOW	ID	USA	83843
MEMBER	CONNIE OSBORNE	2300 WEST A STREET	MOSCOW	ID	USA	83843
MEMBER	ROBERT K SMITH	2300 WEST A STREET	MOSCOW	ID	USA	83843
MEMBER	BRAD CAPAWANNA	2300 WEST A STREET	MOSCOW	ID	USA	83843
5. Organized Under the Laws of: ID W 22609		6. Annual Report must be signed.* Signature: AMY CLARK Name (type or print): AMY CLARK Date: 12/21/2016 Title: EXECUTIVE DIRECTOR				
Processed 12/21/2016		* Electronically provided signatures are accepted as original signatures.				