

<b>No. W 3343</b> Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>Due no later than Dec 31, 2000 Annual Report Form</b> <div style="background-color: black; color: white; padding: 2px; text-align: center;">1. Mailing Address - Correct in this box, if applicable</div> MERCY OUTPATIENT SURGERY CENTER, L. PATRICK J. MILLER 227 N 6TH ST #200  BOISE, ID 83702	2. Registered Agent and Office <b>NO PO BOX</b>  PATRICK J. MILLER 227 N 6TH ST #200  BOISE, ID 83702  3. <u>New</u> Registered Agent Signature
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4. Limited Liability Companies: Enter Names and Addresses of Members.
 

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
MEMBER	MERCY MEDICAL CENTER	1512-12th Avenue Rd.	NAMPA	IDAHO	83686
MEMBER	IDAHO AMBUCARE CENTER, INC.	13752 LOCUST LANE	NAMPA	IDAHO	83686

5. Organized Under the Laws of:  <div style="text-align: center;">IDAHO W 3343</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">           Signature <i>Joseph A. Messmer</i>            Name (Typed or Printed) <i>Joseph A Messmer</i> </td> <td style="width: 50%;">           Date <i>10/25/00</i>            Title: <i>President</i>  <del>XXXX</del> </td> </tr> </table> <div style="text-align: right; margin-top: -20px;"> <i>Mercy Outpatient Surgery Center, L.</i>  <div style="border: 1px solid black; padding: 2px; display: inline-block;">3365</div> </div>	Signature <i>Joseph A. Messmer</i> Name (Typed or Printed) <i>Joseph A Messmer</i>	Date <i>10/25/00</i> Title: <i>President</i> <del>XXXX</del>
Signature <i>Joseph A. Messmer</i> Name (Typed or Printed) <i>Joseph A Messmer</i>	Date <i>10/25/00</i> Title: <i>President</i> <del>XXXX</del>		

Issued 10/02/2000

Do Not Tape or Staple