No. L 4821

Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

NO FILING FEE IF RECEIVED BY DUE DATE

Due no later than February 29, 2008
Annual Report Form

1. Mailing Address - Correct in this box, if applicable

NORTH IDAHO SURGICAL PROVIDERS, L.P
~~KRIS ORMSETH~~ c/o J.D. McDonald MD
~~STOEL RIVES LLP~~
~~101 S CAPITAL BLVD STE 1900~~ 980 W Ironwood DR
~~BOISE, ID 83702~~ #206
Coeur d'Alene Id 83814

2. Registered Agent and Office NO PO BOX

KRIS ORMSETH
STOEL RIVES LLP
101 S CAPITAL BLVD STE 1900
BOISE, ID 83702

3. New Registered Agent Signature

4. Limited Partnerships: Enter Names and Business Addresses of General Partners.

Office held	Name	Street or P.O. Address	City	State	Zip
Director	Jeffrey D McDonald MD	980 W Ironwood DR #206	CDA	ID	83814

5. Organized Under the Laws of:
IDAHO
L 4821

6. Signature Jeffrey D McDonald Date 12/26/07
Name (Typed or Printed) Jeffrey D McDonald Title Director

Issued 12/03/2007

Do Not Tape or Staple

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