No. **C 117661**	**Due no later than Jan 31, 2012**	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** **1. Mailing Address: Correct in this box if needed.** SOUTHWEST IDAHO SURGERY CENTER, INC. RYAN PHARIS 900 N LIBERTY STE 450 BOISE ID 83704	A C JONES III MD 900 N LIBERTY STE 400 BOISE ID 83704 3. New Registered Agent Signature:*

4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	TODD J RUSTAD, MD	900 N. LIBERTY ST., STE 450	BOISE	ID	USA	83704
SECRETARY	JILL C BECK, MD	900 N. LIBERTY ST., STE 450	BOISE	ID	USA	83704
DIRECTOR	ARTHUR C JONES III, MD	900 N. LIBERTY ST., STE 450	BOISE	ID	USA	83704
DIRECTOR	ERIC T GARNER, MD	900 N. LIBERTY ST., STE 450	BOISE	ID	USA	83704
PRESIDENT	MATTHEW B SCHWARZ, MD	900 N. LIBERTY ST., STE 450	BOISE	ID	USA	83704
DIRECTOR	RYAN L VAN DE GRAAFF	900 N. LIBERTY ST., STE 450	BOISE	ID	USA	83704

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 117661**	Signature: Ryan Pharis	Date: 12/20/2011
	Name (type or print): Ryan Pharis	Title: Administrator

Processed 12/20/2011

* Electronically provided signatures are accepted as original signatures.