

No. W 18417		Due no later than Mar 31, 2010		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		RONALD ROCK CRNA 1593 E PELSTEN POST FALLS ID 83854			
		1. Mailing Address: Correct in this box if needed. NORTH IDAHO SURGICAL HOSPITAL BUILDING, L.L.C. RONALD ROCK 1593 POLSTON AVE POST FALLS ID 83854 USA		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	RONALD ROCK	1593 E.POLSTON	POST FALLS	ID	USA	83854	
MANAGER	ROGER DUNTEMAN	1593 POLSTON AVE	POST FALLS	ID	USA	83854	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 18417		Signature: Gina Schneider			Date: 03/12/2010		
		Name (type or print): Gina Schneider			Title: Bookkeeper		
Processed 03/12/2010		* Electronically provided signatures are accepted as original signatures.					