

No. W 18388		Due no later than Mar 31, 2011		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		ROBERT J LEE 1485 PARKWAY BLACKFOOT ID 83221			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		PARKWAY SURGERY CENTER, LLC ROBERT LEE 1485 PARKWAY BLACKFOOT ID 83221					
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	
MANAGER	ROBERT J LEE	1485 PARKWAY	BLACKFOOT	ID	USA	83221	
MANAGER	BRET RODGERS	6077 W. EAGLE ROAD	BOISE	ID	USA	83713	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 18388		Signature: Robert J. Lee			Date: 01/15/2011		
		Name (type or print): Robert J. Lee			Title: Co-Manager		
Processed 01/15/2011		* Electronically provided signatures are accepted as original signatures.					