No. W 50005	Due no later than April 30, 2009 **Annual Report Form**	2. Registered Agent and Office **NO PO BOX**
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	1. Mailing Address - Correct in this box. if applicable SURGERY CENTER OF IDAHO LLC 2855 E MAGIC VIEW DR MERIDIAN, ID 83642	TODD WALDMANN MD 2855 E MAGIC VIEW DR MERIDIAN, ID 83642 3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

Office held	Name	Street or P.O. Address	City	State	Zip
President	Joseph Williams MD	2855 E. Magic View	Meridian	ID	836
Manager	Julie Lineberger	2855 E Magic View	Meridian	ID	836
Member	DLI	2855 E. Magic View Dr.	Meridian	ID	83646

5. Organized Under the Laws of:	6.
IDAHO W 50005	Signature Lonna Welch Date 3-3-09 Name (Typed or Printed) Lonna Welch Title Manager

Issued 02/02/2009

Do Not Tape or Staple

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