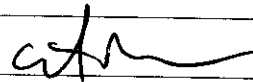


No. W 7118	Due no later than Oct 31, 2001 Annual Report Form		2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable IDAHO AMBULATORY SURGERY CENTER ASS 115 FALLS AVE WEST TWIN FALLS, ID 83301		TONY BUENS Buens 115 FALLS AVE WEST TWIN FALLS, ID 83301
			3. <u>New</u> Registered Agent Signature
4. Limited Liability Companies: Enter Names and Addresses of Managers.			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u> <u>State</u> <u>Zip</u>
President	Tony Buens	115 Falls Ave West	Twin Falls ID 83301
Vice President	Dan Kink	400 Robbins Rd, Ste 400	Boise ID 83702
Secretary	Kecia Verneer	1344 Hiland, Ste E	Boise ID 83318
Treasurer	Steve Faero	5680 W Gayest	Boise ID 83706
5. Organized Under the Laws of: IDAHO W 7118		6. Signature  Date 8-24-01 Name (Typed or Printed) Anthony Buens Title President	