No. **W 113717**	**Due no later than May 31, 2016** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** PLEASANT VIEW SURGERY CENTER LLC SCOTT G BERGER 4171 W EXPO PKWY POST FALLS ID 83854 USA	UNITED STATES CORPORATION AGEN 950 BANNOCK ST STE 1100 BOISE ID 83702 3. New 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
MANAGER	JEFFREY LYMAN	4171 W EXPO PKWY	POST FALLS	ID	USA	83854

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 113717**	Signature: Scott Berger	Date: 03/24/2016
	Name (type or print): Scott Berger	Title: Administrator

Processed 03/24/2016

* Electronically provided signatures are accepted as original signatures.