

No. W 21774

Due no later than December 31, 2006  
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

1. Mailing Address - Correct in this box, if applicable

WARREN PETERSON *Shane Saunders*  
2375 E SUNNYSIDE STE B  
IDAHO FALLS, ID 83404

CREEKSIDE SURGERY CENTER, LLC  
~~WARREN PETERSON~~ *Shane Saunders*  
2375 E SUNNYSIDE STE B  
IDAHO FALLS, ID 83404

3. New Registered Agent Signature



NO FILING FEE IF  
RECEIVED BY DUE DATE

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


Office held	Name	Street or P.O. Address	City	State	Zip
Manager	Catherine Linderman	2375 E Sunnyside Road Ste A	IF	ID	83404

5. Organized Under the Laws of:

IDAHO  
W 21774

6.

Signature



Date

*10/18/2006*

Name (Typed or Printed)

*Shane Saunders*

Title

*Manager*