

No. W 137644		Due no later than May 31, 2015 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		1. Mailing Address: Correct in this box if needed. SANDPOINT SURGERY CENTER, LLC J SORIN ISPIRESCU 1327 SUPERIOR ST STE 111 SANDPOINT ID 83864		ALYCE B ISPIRESCU 1327 SUPERIOR ST STE 101 SANDPOINT 83864			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> 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
MEMBER	ALYCE B ISPIRESCU	1327 SUPERIOR STREET SUITE 101		SANDPOINT	ID	USA	83864
5. Organized Under the Laws of: ID W 137644		6. Annual Report must be signed.* Signature: Alyce B Ispirescu Name (type or print): Alyce B Ispirescu					
		Date: 04/01/2015 Title: cfo					
Processed 04/01/2015 * Electronically provided signatures are accepted as original signatures.							