No. **W 5391**	**Due no later than Jan 31, 2011** **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.** HEALING ARTS DAY SURGERY, LLC RAQUEL CROITORU, M.D. 222 W IOWA AVE STE B NAMPA ID 83686	RAQUEL CROITORU 222 W IOWA AVE STE B NAMPA ID 83686 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	RAQUEL CROITORU, M.D.	222 W. IOWA AVE. SUITE B	NAMPA	ID	USA	83686

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 5391**	Signature: Jen Cummings	Date: 11/30/2010
	Name (type or print): Jen Cummings	Title: Practice Manager

Processed 11/30/2010

* Electronically provided signatures are accepted as original signatures.