

<b>No. W 5247</b>  <b>Return to:</b> SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 <b>NO FEE REQUIRED</b>	<b>Annual Report Form</b> <b>Due No Later Than November 30,</b> Mailing Address - Please Correct if Not Correct AMBULATORY SURGERY CENTER OF BURLEY JOSEPH R PETERSON PO BOX 1263 BURLEY ID 83318	<b>2. Registered Agent and Office NOT A P.O. BOX</b>  JOSEPH R PETERSON 306-B HWY 881 1440 Hiland #E BURLEY ID 83318  <b>3. Organized Under the Laws of:</b>  ID W5247												
<b>4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors</b> <b>Limited Liability Companies: Enter Names and Addresses of <input checked="" type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)</b>  <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><u>Office held</u></td> <td style="text-align: center;"><u>Name</u></td> <td style="text-align: center;"><u>Street or P.O. Address</u></td> <td style="text-align: center;"><u>City</u></td> <td style="text-align: center;"><u>State</u></td> <td style="text-align: center;"><u>Zip</u></td> </tr> <tr> <td style="text-align: center;">manager</td> <td style="text-align: center;">Joseph R. Petersen</td> <td style="text-align: center;">1440 Hiland #E</td> <td style="text-align: center;">Burley</td> <td style="text-align: center;">Id</td> <td style="text-align: center;">83318</td> </tr> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	manager	Joseph R. Petersen	1440 Hiland #E	Burley	Id	83318
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
manager	Joseph R. Petersen	1440 Hiland #E	Burley	Id	83318									
<b>5. Signature of New Registered Agent</b>  	<b>6.</b> Signature  Date <u>12/14/98</u> Name (Typed or Printed) <u>Joseph R. Petersen</u> Title <u>manager</u>													

### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

- Please pay special attention to the mailing address. If it is incorrect, please make the appropriate corrections.  
 NOTE: The name of the business entity cannot be altered on the annual report form.
- If the registered agent has changed or moved, please make that correction on this form. The registered agent must be found IN IDAHO at a PHYSICAL ADDRESS. PO Boxes WILL NOT be accepted. If report is for a Limited Liability please refer to # 4 below.
- Corporation: Enter names and addresses of ONLY the president, secretary, and directors in block 4.  
 Limited Liability Company: Enter the names and addresses of the managers or members in block 4.  
 NOTE: Putting "same as last year" WILL NOT be accepted.
- If the registered agent has been changed in block 2, then the NEW registered agent must accept that position by signing in block 5.
- Corporation: Block 6 must be signed by an officer or chairman of the board of the corporation. Signer must specify his or her title.  
 Limited Liability Company: Block 6 must be signed by a manager or member, who must specify his or her title.

If the business entity is no longer doing business in Idaho, please contact the Secretary of State's office at (208) 334-2301 for further instructions.

NOTE: The annual report must be received by the Office of the Secretary of State on or before November 30. Postmark date will not be accepted. Failure to timely file shall: (1) Subject a domestic corporation to administrative dissolution proceedings; (2) Subject a foreign corporation to proceedings to revoke its certificate of authority; or (3) Subject a limited liability company to cancellation of its articles of organization or certificate of registration.

**DUE NO LATER THAN NOVEMBER 30**