

No. **W 26950**

Return to:
**SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080**

**NO FILING FEE IF
RECEIVED BY DUE DATE**

Due no later than November 30, 2007

Annual Report Form

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

**AMBULATORY SURGERY CENTER OF BOISE,
115 W MAIN ST STE 102
BOISE, ID 83702**

2. Registered Agent and Office **NO PO BOX**

**CLINTON MALLARI MD
115 W MAIN ST STE 102
BOISE, ID 83702**

3. New Registered Agent Signature

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

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
PRES	CLINTON MALLARI	970 N. Wilsonhead	Eagle	ID	83616
CEO	JIM HAUGUEL	16611 Meramee Cr.	Fr Wayne	IN	46845

5. Organized Under the Laws of:
**IDAHO
W 26950**

6. Signature Mary Kent Mallari Date 9.12.07
Name (Typed or Printed) Mary Kent Mallari Title Adm.