No. W 124159		Due no later than Apr 30, 2014		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. UPPER VALLEY SURGERY CENTER PLLC 256 N 2ND E REXBURG ID 83440		651 WHEATI REXBURG IE	BARRY J PETERSON 651 WHEATLAND CIR REXBURG ID 83440 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		mes and Addresse	c of at least one Member or Manager					
Office Held	Name	nes and Addresse	Street or PO Address	City	State	Country	Postal Code	
MEMBER	MBER BARRY J PETERSON		651 WHEATLAND CIR	REXBURG	ID	USA	83440	
5. Organized Under the Laws of: ID W 124159		6. Annual Report Signature: Cel Name (type or		Date: 03/07/2014 Title: Practice Manager				
Processed 03/07/2014		* Electronically provided signatures are accepted as original signatures.						