

No. <b>W 46079</b>		<b>Due no later than Jan 31, 2017</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  LIBERTY SURGERY CENTER, LLC STANLEY B LEIS DPM 809 N LIBERTY ST BOISE ID 83704		STANLEY B LEIS DPM 809 N LIBERTY ST BOISE ID 83704	
				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	STANLEY B LEIS DPM	809 N LIBERTY ST	BOISE	ID	83704
5. Organized Under the Laws of:  <b>ID W 46079</b>		6. Annual Report must be signed.* Signature: Stanley Leis Name (type or print): Stanley Leis Date: 01/19/2017 Title: member			
Processed 01/19/2017		* Electronically provided signatures are accepted as original signatures.			