

No. <b>W 58083</b>		<b>Due no later than Jan 31, 2012</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> SOUTHERN IDAHO AMBULATORY SURGERY CENTER, LLC KELLY WILLIAMS 20 BURTON HILLS BLVD 5TH FLOOR NASHVILLE TN 37215 USA		CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE ID 83702 USA			
				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	
MANAGER	CLAIRE M GULMI	20 BURTON HILLS BLVD 5TH FLOOR	NASHVILLE	TN	USA	37215	
MEMBER	H PETER DOBLE	115 FALLS AVE WEST	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 58083</b>		Signature: Claire Gulmi				Date: 12/13/2011	
		Name (type or print): Claire Gulmi				Title: Manager	
Processed 12/13/2011		* Electronically provided signatures are accepted as original signatures.					