

No. W 5247		Due no later than Dec 31, 2013		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. AMBULATORY SURGERY CENTER OF BURLEY, L.L.C. JOSEPH R PETERSEN 1344 HILAND AVE STE E BURLEY ID 83318		JOSEPH R PETERSEN 306 E HIGHWAY 81 BURLEY ID 83318			
				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	JOSEPH R PETERSEN	306 E HIGHWAY 81	BURLEY	ID	USA	83318	
5. Organized Under the Laws of: ID W 5247		6. Annual Report must be signed.* Signature: Joseph R Petersen Name (type or print): Joseph R Petersen Date: 10/18/2013 Title: Member					
Processed 10/18/2013		* Electronically provided signatures are accepted as original signatures.					