

No. <b>W 96508</b>		<b>Due no later than Sep 30, 2015</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b>  Sipi Ambulatory Surgery Center LLC Denise Rue 176 Falls Ave Twin Falls ID 83301-3115 USA		CLINTON L DILLE MD 176 FALLS AVE TWIN FALLS ID 83301-3115			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name DENISE RUE	Street or PO Address 176 FALLS AVE		City TWIN FALLS	State ID	Country USA	Postal Code 83301-3115
5. Organized Under the Laws of:  <b>ID</b> <b>W 96508</b>		6. Annual Report must be signed.*  Signature: Denise Rue Name (type or print): Denise Rue  Date: 07/21/2015 Title: Office Manager					
Processed 07/21/2015 * Electronically provided signatures are accepted as original signatures.							