

No. W 58083		Due no later than Jan 31, 2010		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		1. Mailing Address: Correct in this box if needed. SOUTHERN IDAHO AMBULATORY SURGERY CENTER, LLC LINDA TRAINOR 115 FALLS AVE WEST TWIN FALLS ID 83301		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	
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.*					
ID W 58083		Signature: Linda Trainor				Date: 11/09/2009	
		Name (type or print): Linda Trainor				Title: Administrator	
Processed 11/09/2009		* Electronically provided signatures are accepted as original signatures.					