No. **J 1547**	**Due no later than Jan 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.** LES BOIS SURGERY CENTER, L.L.P. DAVID ORCHARD 8950 W EMERALD ST STE 164 BOISE ID 83704	RICHARD DUBOSE 8950 W EMERALD STE 164 BOISE ID 83704 3. New Registered Agent Signature:*

4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PARTNER	RICHARD A DUBOSE	8950 W EMERALD ST SUITE 164	BOISE	ID	USA	83704
PARTNER	SHANE A MAXWEL	8950 W EMERALD ST SUITE 164	BOISE	ID	USA	83704

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **J 1547**	Signature: David Orchard	Date: 02/12/2013
	Name (type or print): David Orchard	Title: Administrator

Processed 02/12/2013

* Electronically provided signatures are accepted as original signatures.