

No. W 5391		Due no later than Jan 31, 2012		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. HEALING ARTS DAY SURGERY, LLC RAQUEL CROITORU, M.D. 222 W IOWA AVE STE B NAMPA ID 83686		RAQUEL CROITORU 222 W IOWA AVE STE B NAMPA ID 83686			
				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	RAQUEL CROITORU, M.D.	1603 E 12TH AVE	NAMPA	ID	USA	83686	
5. Organized Under the Laws of: ID W 5391		6. Annual Report must be signed.* Signature: Raquel Croitoru Name (type or print): Raquel Croitoru Date: 11/07/2011 Title: Manager					
Processed 11/07/2011		* Electronically provided signatures are accepted as original signatures.					