

No. W 7118		Due no later than Oct 31, 2017		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. IDAHO AMBULATORY SURGERY CENTER ASSOCIATION, LLC SHERI SASS PO BOX 140357 BOISE ID 83714		SHERI SASS 6057 N CASTLETON LN GARDEN CITY ID 83614			
				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	ERIN BROWN	6259 W. EMERALD	BOISE	ID	USA	83704	
MEMBER	KRIS SABO	30544 HWY 200 STE 201	PONDERAY	ID	USA	83852	
5. Organized Under the Laws of: ID W 7118		6. Annual Report must be signed.* Signature: Sheri Sass Name (type or print): Sheri Sass Date: 10/31/2017 Title: Executive Director					
Processed 10/31/2017		* Electronically provided signatures are accepted as original signatures.					