

No. <b>W 7118</b>	<b>Due no later than October 31, 2008</b> <b>Annual Report Form</b>	<b>2. Registered Agent and Office NO PO BOX</b>
Return to: <b>SECRETARY OF STATE</b> <b>450 NORTH FOURTH STREET</b> <b>PO BOX 83720</b> <b>BOISE, ID 83720-0080</b>  <b>NO FILING FEE IF</b> <b>RECEIVED BY DUE DATE</b>	<b>1. Mailing Address - Correct in this box, if applicable</b>  <b>IDAHO AMBULATORY SURGERY CENTER ASS</b> <b>305 W JEFFERSON</b> <b>BOISE, ID 83702</b>	<b>SHERI SASS</b> <b>305 W JEFFERSON</b> <b>BOISE, ID 83702</b>  <b>3. <u>New</u> Registered Agent Signature</b>

**4. Limited Liability Companies: Enter Names and Addresses of Managers.**

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
<i>See attached</i>					

<b>5. Organized Under the Laws of:</b> <b>IDAHO</b> <b>W 7118</b>	<b>6.</b> Signature <u><i>Sheri Sass</i></u> Date <u><i>10/27/08</i></u> Name <small>(Typed or Printed)</small> <u><i>Sheri Sass</i></u> Title <u><i>Exec Dir</i></u>
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