

No. <b>W 26950</b>	<b>Due no later than November 30, 2005</b>														
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>												
	1. Mailing Address - Correct in this box, if applicable AMBULATORY SURGERY CENTER OF BOISE, 115 W MAIN ST STE 102 BOISE, ID 83702		CLINTON MALLARI MD 115 W MAIN ST STE 102 BOISE, ID 83702  3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Pres.</td> <td>CLINTON MALLARI</td> <td>115 W. MAIN ST. STE 102 BOISE, ID 83702</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Pres.	CLINTON MALLARI	115 W. MAIN ST. STE 102 BOISE, ID 83702			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
Pres.	CLINTON MALLARI	115 W. MAIN ST. STE 102 BOISE, ID 83702													
5. Organized Under the Laws of: IDAHO W 26950		6. Signature <u>Clinton Mallari</u> Date <u>11/2/05</u> Name <small>(Typed or Printed)</small> <u>Clinton Mallari</u> Title <u>MD</u>													

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Do Not Tape or Staple

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