

No. **W 26950**

Due no later than November 30, 2005
Annual Report Form

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 applicable

AMBULATORY SURGERY CENTER OF BOISE,
115 W MAIN ST STE 102
BOISE, ID 83702

2. Registered Agent and Office NO PO BOX

CLINTON MALLARI MD
115 W MAIN ST STE 102
BOISE, ID 83702

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

Office held

Name

Street or P.O. Address

City

State

Zip

Pres.

CLINTON MALLARI

115 W. MAIN ST.
STE 102
BOISE, ID 83702

5. Organized Under the Laws of:

IDAHO
W 26950

6.

Signature

Clinton Mallari

Date 11-2-05

Name (Typed or
Printed)

Clinton Mallari

Title MD

Issued 09/01/2005

Do Not Tape or Staple

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