

No. <b>W 29718</b>		<b>Due no later than Apr 30, 2012</b>		2. Registered Agent and Address <b>(NO PO BOX)</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>  <b>1. Mailing Address: Correct in this box if needed.</b>  SUNNYSIDE SURGERY CENTER, LLC MICHAEL K JAMES 3345 S HOLMES STE B IDAHO FALLS ID 83404 USA		MICHAEL K JAMES DPM 3345 S HOLMES STE B IDAHO FALLS ID 83404	
				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	MICHAEL K JAMES DPM	3345 S HOLMES STE B	IDAHO FALLS	ID	USA 83404
5. Organized Under the Laws of:  <b>ID W 29718</b>		6. Annual Report must be signed.* Signature: Maureen James Name (type or print): Maureen James Date: 02/14/2012 Title: Managing Secretary			
Processed 02/14/2012		* Electronically provided signatures are accepted as original signatures.			