

No. J 1547		Due no later than Jan 31, 2011		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. LES BOIS SURGERY CENTER, L.L.P. DAVID ORCHARD 8950 W EMERALD ST STE 164 BOISE ID 83704		RICHARD DUBOSE 8950 W EMERALD STE 163 BOISE ID 83704			
				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PARTNER	RICHARD A DUBOSE	8950 W EMERALD ST SUITE 164	BOISE	ID	USA	83704	
PARTNER	SHANE A MAXWEL	8950 W EMERALD ST SUITE 164	BOISE	ID	USA	83704	
5. Organized Under the Laws of: ID J 1547		6. Annual Report must be signed.* Signature: David Orchard Name (type or print): David Orchard Date: 12/21/2010 Title: Office Manager					
Processed 12/21/2010		* Electronically provided signatures are accepted as original signatures.					