

No. W 57457		Due no later than Dec 31, 2009 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. TWIN FALLS NSC, LLC LETITIA BONTHRON 191 N WACKER DR STE 925 CHICAGO IL 60606		CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE ID 83702 USA			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name NATIONAL SURGICAL CARE INC	Street or PO Address 191 N WACKER DR STE 925		City CHICAGO	State IL	Country USA	Postal Code 60606
5. Organized Under the Laws of: DE W 57457		6. Annual Report must be signed.* Signature: Gregory R. Cunniff Name (type or print): Gregory R. Cunniff Date: 12/23/2009 Title: Cfo					
Processed 12/23/2009 * Electronically provided signatures are accepted as original signatures.							