

No. W 88597	Due no later than Nov 30, 2011 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. IDAHO SURGICAL ASSOCIATES, LLC SHAUNA T. WILLIAMS, M.D. 1072 N. LIBERTY ST. SUITE 201 BOISE ID 83704 USA		SHAUNA T WILLIAMS MD 1072 N. LIBERTY ST. SUITE 201 BOISE ID 83704				
			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	
MEMBER	BRYAN J ANDERSON	1072 N. LIBERTY ST SUITE 201	BOISE	ID	USA	83704	
MEMBER	SHAUNA T WILLIAMS	1072 N. LIBERTY SUITE 201	BOISE	ID	USA	83704	
5. Organized Under the Laws of: ID W 88597	6. Annual Report must be signed.* Signature: Connie Merrell Name (type or print): Connie Merrell		Date: 11/25/2011 Title: Office Manager				
Processed 11/25/2011		* Electronically provided signatures are accepted as original signatures.					