No. **W 79006**	**Due no later than Nov 30, 2010**	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**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** CANYON RIM SURGERY CENTER LLC PENELOPE PARKER 2034 ADDISON AVE EAST TWIN FALLS ID 83301	PENELOPE PARKER 2034 ADDISON AVE EAST TWIN FALLS ID 83301 3. New 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	PENELOPE PARKER	2034 ADDISON AVE EAST	TWIN FALLS	ID	USA	83301

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 79006**	Signature: P. Parker	Date: 09/09/2010
	Name (type or print): P. Parker	Title: Attorney

Processed 09/09/2010

* Electronically provided signatures are accepted as original signatures.