

No. J 1547

Due no later than January 31, 2008

Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

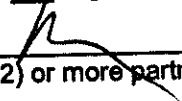
1. Mailing Address - Correct in this box, if applicable

LES BOIS SURGERY CENTER, L.L.P.
8950 W EMERALD
BOISE, ID 83704

Richard A. Dubose
8950 W. Emerald St 168
Boise, ID 83704

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature



4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.

Office held	Name	Street or P.O. Address	City	State	Zip
General Partner	Richard A. Dubose	8950 W. Emerald St. Ste 164	Boise	ID	83704
General Partner	Shane A. Maxwell	8950 W. Emerald St. Ste 164	Boise	ID	83704

5. Organized Under the Laws of:
IDAHO
J 1547

6.

Signature



Date

12/14/07

Name

(Typed or Printed)

Richard A. Dubose

Title

12/14/07