

No. W 58083		Due no later than Jan 31, 2014 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. SOUTHERN IDAHO AMBULATORY SURGERY CENTER, LLC KELLY WILLIAMS 20 BURTON HILLS BLVD 5TH FLOOR NASHVILLE TN 37215 USA		NATIONAL REGISTERED AGENTS INC 921 S ORCHARD ST STE G BOISE ID 83705 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	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER MANAGER	H PETER DOBLE CLAIRe M GULMI	115 FALLS AVE WEST 20 BURTON HILLS BLVD 5TH FLOOR	TWIN FALLS NASHVILLE	ID TN	USA USA	83301 37215	
5. Organized Under the Laws of: ID W 58083		6. Annual Report must be signed.* Signature: Claire M. Gulmi Name (type or print): Claire M. Gulmi					
		Date: 12/04/2013 Title: Sec/Treas					
Processed 12/04/2013 * Electronically provided signatures are accepted as original signatures.							