

No. W 7118		Due no later than Oct 31, 2014		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 AMBULATORY SURGERY CENTER ASSOCIATION, LLC SHERI SASS PO BOX 140357 BOISE ID 83714		SHERI SASS 5105 CHERRY LANE NAMPA 83687			
				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	
MANAGER	SHANE RICKS	1828 MILLENIUM WAY	MERIDIAN	ID	USA	83642	
MEMBER	CHRISTY CAMPBELL	360 E MALLARD DR. #110	BOISE	ID	USA	83706	
5. Organized Under the Laws of: ID W 7118		6. Annual Report must be signed.* Signature: Sheri Sass Name (type or print): Sheri Sass Date: 10/22/2014 Title: Executive Director					
Processed 10/22/2014		* Electronically provided signatures are accepted as original signatures.					