


No. W 5391	Due no later than January 31, 2004 Annual Report Form		2. Registered Agent and Office NO PO BOX STEVIE PACKARD 222 W IOWA AVE STE B NAMPA, ID 83686
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 applicable HEALING ARTS DAY SURGERY, LLC RAQUEL CROITORU, M.D. 222 W IOWA AVE STE B NAMPA, ID 83686		3. <u>New</u> Registered Agent Signature
4. Limited Liability Companies: Enter Names and Addresses of Managers.			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>
<u>State</u>	<u>Zip</u>		
Managing Member	Raquel Croitoru	222 W. Iowa Ave Ste A	Nampa ID 83686
5. Organized Under the Laws of: IDAHO W 5391		6. Signature  Name (Typed or Printed) <u>Raquel Croitoru</u>	Date <u>01-27-04</u> Title <u>managing member</u>