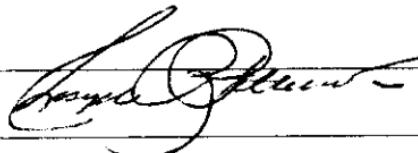


No. W 5247	Due no later than December 31, 2003 Annual Report Form		2. Registered Agent and Office NO PO BOX		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable AMBULATORY SURGERY CENTER OF BURLEY JOSEPH R PETERSEN PO BOX 1261 BURLEY, ID 83318	JOSEPH R PETERSEN 306 E HIGHWAY 81 BURLEY, ID 83318			
NO FILING FEE IF RECEIVED BY DUE DATE	3. <u>New</u> Registered Agent Signature				
4. Limited Liability Companies: Enter Names and Addresses of Members.					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Member	Joseph R. Petersen	306 E. Highway 81	Burley	Idaho	83318
5. Organized Under the Laws of:	6. 				
IDAHO W 5247	Signature	Date <u>12-19-03</u>			
	Name <small>(Type or Printed)</small>	Title <u>Member</u>			