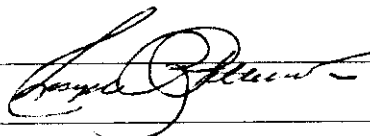


No. W 5247	Due no later than December 31, 2003 Annual Report Form	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable AMBULATORY SURGERY CENTER OF BURLEY JOSEPH R PETERSEN PO BOX 1260 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: <div style="text-align: center;">IDAHO W 5247</div>	6.  <div style="display: flex; justify-content: space-between;"> <div>Signature</div> <div>Date <u>12-19-03</u></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <small>(Type or Print)</small> Name <u>Joseph R. Petersen</u> </div> <div> Title <u>Member</u> </div> </div>
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