No. <b>W 137644</b>		Due no later than May 31, 2016		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		ALYCE B ISPIRESCU 1327 SUPERIOR ST STE 101 SANDPOINT ID 83864  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  SANDPOINT SURGERY CENTER, LLC J SORIN ISPIRESCU 1327 SUPERIOR ST STE 111 SANDPOINT ID 83864					
NO FILING FEE IF RECEIVED BY DUE DATE			a of at least one Manhou au Managau				
2000		mes and Addresse	s of at least one Member or Manager.	C:L	Class	C	Deated Code
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
MEMBER	ALYCE B IS	PIRESCU	1327 SUPERIOR STREET SUITE 101	SANDPOINT	ID	USA	83864
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Alyce B Ispirescu		Date: 03/27/2016			
W 137644		Name (type or	Title: Member				
Processed 03/27/2016		* Electronically pr	ovided signatures are accepted as original sign	natures.			