

No. <b>W 29718</b>		<b>Due no later than Apr 30, 2010</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  SUNNYSIDE SURGERY CENTER, LLC MICHAEL K JAMES 3345 S HOLMES STE B IDAHO FALLS ID 83404 USA		MICHAEL K JAMES DPM 3345 S HOLMES STE B IDAHO FALLS ID 83404			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	MICHAEL K JAMES DPM	3345 S HOLMES STE B	IDAHO FALLS	ID	USA	83404	
MANAGER	MAUREEN O JAMES	3345 S HOLMES STE B	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of:  <b>ID</b> <b>W 29718</b>		6. Annual Report must be signed.*  Signature: Janece R. Jenkins Name (type or print): Janece R. Jenkins					
		Date: 02/10/2010 Title: Nurse Administrator					
Processed 02/10/2010      * Electronically provided signatures are accepted as original signatures.							