

No. <b>W 58083</b>		<b>Due no later than Jan 31, 2018</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  SOUTHERN IDAHO AMBULATORY SURGERY CENTER, LLC 1A BURTON HILLS BLVD. NASHVILLE TN 37215		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713		
				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
MEMBER	DAVID CHRISTENSEN, MD	115 FALLS AVE WEST	TWIN FALLS	ID	USA	83301
MEMBER	ROBERT WELCH, MD	115 FALLS AVE WEST	TWIN FALLS	ID	USA	83301
MEMBER	MARILYN RIGHETTI, MD	115 FALLS AVE WEST	TWIN FALLS	ID	USA	83301
MEMBER	JAMES RETMIER, MD	115 FALLS AVE WEST	TWIN FALLS	ID	USA	83301
MEMBER	WILLIAM MAY, MD	115 FALLS AVE WEST	TWIN FALLS	ID	USA	83301
MEMBER	ROD KACK, MD	115 FALLS AVE WEST	TWIN FALLS	ID	USA	83301
MEMBER	BLAKE JOHNSON, MD	115 FALLS AVE WEST	TWIN FALLS	ID	USA	83301
MEMBER	JOHN HOWAR, MD	115 FALLS AVE WEST	TWIN FALLS	ID	USA	83301
MEMBER	RANDALL RAALSTAD, DPM	115 FALLS AVE WEST	TWIN FALLS	ID	USA	83301
MEMBER	WILLIAM FITZHUGH, MD	115 FALLS AVE WEST	TWIN FALLS	ID	USA	83301
MEMBER	AMSURG HOLDINGS, INC.	1A BURTON HILLS BLVD.	NASHVILLE	TN	USA	37215
MEMBER	H PETER DOBLE, MD	115 FALLS AVE WEST	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
<b>ID W 58083</b>		Signature: Claire M. Gulmi			Date: 01/10/2018	
		Name (type or print): Claire M. Gulmi			Title: AUTHORIZED PERSON	
Processed 01/10/2018		* Electronically provided signatures are accepted as original signatures.				