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| No. W 96508 | | Due no later than Sep 30, 2014 | | 2. Registered Agent and Address (NO PO BOX) | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form 1. Mailing Address: Correct in this box if needed. SIPI AMBULATORY SURGERY CENTER LLC DENISE RUE 176 FALLS AVE TWIN FALLS ID 83301-3115 USA | | CLINTON L DILLE MD 176 FALLS AVE TWIN FALLS ID 83301-3115 | |
| | | | | 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 | DENISE RUE | 176 FALLS AVE | TWIN FALLS | ID | USA 83301-3115 |
| 5. Organized Under the Laws of: ID W 96508 | | 6. Annual Report must be signed.* Signature: Denise Rue Name (type or print): Denise Rue Date: 07/16/2014 Title: office Manager | | | |
| Processed 07/16/2014 | | * Electronically provided signatures are accepted as original signatures. | | | |