

No. W 58083		Due no later than Jan 31, 2013		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		1. Mailing Address: Correct in this box if needed. SOUTHERN IDAHO AMBULATORY SURGERY CENTER, LLC KELLY WILLIAMS 20 BURTON HILLS BLVD 5TH FLOOR NASHVILLE TN 37215 USA		NATIONAL REGISTERED AGENTS INC 1423 TYRELL LANE BOISE ID 83706 USA			
				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	H PETER DOBLE	115 FALLS AVE WEST	TWIN FALLS	ID	USA	83301	
MANAGER	CLAIRE M GULMI	20 BURTON HILLS BLVD 5TH FLOOR	NASHVILLE	TN	USA	37215	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 58083		Signature: Claire M. Gulmi				Date: 12/21/2012	
		Name (type or print): Claire M. Gulmi				Title: Sec/treas	
Processed 12/21/2012		* Electronically provided signatures are accepted as original signatures.					