

No. W 58083		Due no later than Jan 31, 2013 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		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			
NO FILING FEE IF RECEIVED BY DUE DATE				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 MANAGER	H PETER DOBLE CLAIRe M GULMI	115 FALLS AVE WEST 20 BURTON HILLS BLVD 5TH FLOOR	TWIN FALLS NASHVILLE	ID TN	USA USA	83301 37215	
5. Organized Under the Laws of: ID W 58083		6. Annual Report must be signed.* Signature: Claire M. Gulmi Name (type or print): Claire M. Gulmi					
		Date: 12/21/2012 Title: Sec/treas					
Processed 12/21/2012 * Electronically provided signatures are accepted as original signatures.							