

No. W 96508		Due no later than Sep 30, 2017		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		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: 07/25/2017 Title: Office Manager			
Processed 07/25/2017		* Electronically provided signatures are accepted as original signatures.			