No. W 46079	Due no later than January 31, 2009 **Annual Report Form**	2. Registered Agent and Office **NO PO BOX**
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	1. Mailing Address - Correct in this box, if applicable LIBERTY SURGERY CENTER, LLC STANLEY B LEIS DPM 809 N LIBERTY ST BOISE, ID 83704	STANLEY B LEIS DPM 809 N LIBERTY ST BOISE, ID 83704 3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

Office held	Name	Street or P.O. Address	City	State	Zip
~~President~~ MBR	Stanley Leis	809 N. Liberty	Boise	ID	83704
MBR	Rebecca Smiley-Leis	809 N. Liberty	Boise	ID	83704
MBR	Kerry Anderson	809 N. Liberty	Boise	ID	83704

5. Organized Under the Laws of:
IDAHO
W 46079

6. Signature [signature] Date 12-11-08

Name (Typed or Printed) Stanley Leis DPM Title MBR

Issued 11/05/2008

Do Not Tape or Staple

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