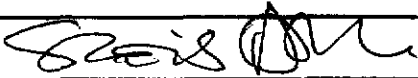


No. W 46079	Due no later than January 31, 2009 Annual Report Form	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address - Correct in this box, if applicable LIBERTY SURGERY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

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  Name (Typed or Printed) <u>Stanley Leis DPM</u> Date <u>12-11-08</u> Title <u>MBR</u>
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