

No. W 57770		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. CANYON FALLS AMBULATORY SURGERY CENTER L.L.C. PENELOPE PARKER 320 MAIN AVE NORTH TWIN FALLS ID 83301		H PETER DOBLE II M.D. 320 MAIN AVE NORTH TWIN FALLS ID 83301			
				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 II, M.D.	320 MAIN AVE NORTH	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 57770		Signature: p. Parker				Date: 12/04/2012	
		Name (type or print): p. Parker				Title: Attorney	
Processed 12/04/2012		* Electronically provided signatures are accepted as original signatures.					