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| No. J 1547 | | Due no later than Jan 31, 2014 | | 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. LES BOIS SURGERY CENTER, L.L.P. DAVID ORCHARD 8950 W EMERALD ST STE 164 BOISE ID 83704 | | RICHARD DUBOSE 8950 W EMERALD STE 164 BOISE ID 83704 | | | |
| | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners. | | | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | |
| PARTNER | RICHARD A DUBOSE | 8950 W EMERALD ST SUITE 164 | BOISE | ID | USA | 83704 | |
| PARTNER | SHANE A MAXWEL | 8950 W EMERALD ST SUITE 164 | BOISE | ID | USA | 83704 | |
| 5. Organized Under the Laws of: ID J 1547 | | 6. Annual Report must be signed.* Signature: David Orchard Name (type or print): David Orchard Date: 02/11/2014 Title: Manager | | | | | |
| Processed 02/11/2014 | | * Electronically provided signatures are accepted as original signatures. | | | | | |