

No. W 46079	Due no later than Jan 31, 2016 Annual Report Form	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. 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. <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	STANLEY B LEIS DPM	809 N LIBERTY ST	BOISE	ID	83704
5. Organized Under the Laws of: ID W 46079	6. Annual Report must be signed.* Signature: STANLEY LEIS Name (type or print): STANLEY LEIS Date: 11/16/2015 Title: MEMBER				
Processed 11/16/2015		* Electronically provided signatures are accepted as original signatures.			