ADDRESS OF THE CONTROL OF THE CONTRO		later than Jun 30, 2018	2. Registered Agent and Address (NO PO BOX)				
Return to:	Ann	Annual Report Form		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	BBH HOLDINGS OF I PARTNERS SURGIC 2200 POST OAK BLV	1. Mailing Address: Correct in this box if needed. BBH HOLDINGS OF IDAHO FALLS, LLC PARTNERS SURGICAL OF IDAHO FALLS LLC 2200 POST OAK BLVD STE 1525 HOUSTON TX 77056					
NO FILING FEE IF RECEIVED BY DUE DATE							
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 PARTNE FALLS, I	RS SURGICAL OF IDAHO LC	2200 POST OAK BLVD STE 1525	HOUSTON	TX	USA	77056-4711	
5. Organized Under the Laws of: 6. Annual Report mus		t be signed.*					
DE	Signature: ANGELA	Signature: ANGELA MONTELLA		Date: 05/24/2018			
W 184658	Name (type or print	Name (type or print): ANGELA MONTELLA		Title: ACCOUNTING MANAGER			
Processed 05/24/2018	* Electronically provided signatures are accepted as original signatures.						