

No. W 29718		Due no later than Apr 30, 2011		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		Annual Report Form		MICHAEL K JAMES DPM 3345 S HOLMES STE B IDAHO FALLS ID 83404			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		SUNNYSIDE SURGERY CENTER, LLC MICHAEL K JAMES 3345 S HOLMES STE B IDAHO FALLS ID 83404 USA					
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	MICHAEL K JAMES DPM	3345 S HOLMES STE B	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 29718		Signature: Maureen James			Date: 02/11/2011		
		Name (type or print): Maureen James			Title: Member		
Processed 02/11/2011		* Electronically provided signatures are accepted as original signatures.					