

No. W 29718		Due no later than Apr 30, 2017		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. SUNNYSIDE SURGERY CENTER, LLC MICHAEL K JAMES 3345 S HOLMES STE B IDAHO FALLS ID 83404		MICHAEL K JAMES DPM 3345 S HOLMES STE B IDAHO FALLS ID 83404			
				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	
MANAGER	MICHAEL K JAMES DPM	3345 S HOLMES STE B	IDAHO FALLS	ID		83404	
5. Organized Under the Laws of: ID W 29718		6. Annual Report must be signed.* Signature: Michael K. James Name (type or print): Michael K. James		Date: 02/24/2017 Title: President			
Processed 02/24/2017		* Electronically provided signatures are accepted as original signatures.					