No. **W 57770**	**Due no later than Jan 31, 2015** **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.** CANYON FALLS AMBULATORY SURGERY CENTER L.L.C. PENELOPE PARKER 320 MAIN AVE NORTH TWIN FALLS ID 83301	H PETER DOBLE II M.D. 320 MAIN AVE NORTH TWIN FALLS 83301 3. New 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	H PETER DOBLE II, M.D.	2034 ADDISON AVE EAST	TWIN FALLS	ID		83301

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 57770**	Signature: P. Parker Name (type or print): P. Parker	Date: 11/17/2014 Title: attorney

Processed 11/17/2014

* Electronically provided signatures are accepted as original signatures.