

No. <b>W 5247</b>		Due no later than Dec 31, 2006		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b> <b>1. Mailing Address: Correct in this box if needed.</b> AMBULATORY SURGERY CENTER OF BURLEY, L.L.C. JOSEPH R PETERSEN PO BOX 1263 BURLEY ID 83318		JOSEPH R PETERSEN 306 E HIGHWAY 81 BURLEY ID 83318	
				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	JOSEPH R PETERSON	306 E HIGHWAY 81	BURLEY	ID	83318
5. Organized Under the Laws of:		6. Annual Report must be signed.*			
<b>IDAHO W 5247</b>		Signature: Edward Evans Name (type or print): Edward Evans		Date: 10/13/2006 Title: CPA	
Processed 10/13/2006		* Electronically provided signatures are accepted as original signatures.			