No. W 6178	Due no later than May 31, 2001 Annual Report Form	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable SOUTHERN IDAHO AMBULATORY SURGERY C DR WILLIAM (BILL) FITZHUGH 589 SHOUP AV WEST	DR WILLIAM (BILL) FITZHUGH 589 SHOUP AV WEST TWIN FALLS, ID 83301
NO FILING FEE IF RECEIVED BY DUE DATE	115 Falls Ave West TWIN FALLS, ID 83301	3. New Registered Agent Signature
 Limited Liability Companies 	ies: Enter Names and Addresses of Members.	
Office held Name Chairman William H Vice Chair John How Sec. Scott All Mgm Comm Fred Surb Mgmt Comm Rod Kack	war 562 Shoup Ave W Twin Lan 526 Shoup Ave W Twin Daugh 562 Shoup Ave W Twin	ity State Zip 1 Falls, ID 83301 2 Falls, ID 83301 3 Falls, ID 83301 4 Falls, ID 83301 5 Falls, ID 83301 6 Falls, ID 83301
i. Organized Under the Laws of: IDAHO W 6178	6. Signature Name (Typed or WO FITZHU	Sate 3/14/01 Title: CHM MENT Com
Issued 03/01/2001	Do Not Tape or Staple	