

No. W 79006	Due no later than Nov 30, 2011 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 RIM SURGERY CENTER LLC PENELOPE PARKER 2034 ADDISON AVE EAST TWIN FALLS ID 83301		PENELOPE PARKER 2034 ADDISON AVE EAST TWIN FALLS ID 83301			
			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	PENELOPE PARKER	2034 ADDISON AVE EAST	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of: ID W 79006	6. Annual Report must be signed.* Signature: P Parker Name (type or print): P Parker		Date: 09/13/2011 Title: Attorney			
Processed 09/13/2011		* Electronically provided signatures are accepted as original signatures.				