

No. W 21774		Due no later than Dec 30, 2005 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		1. Mailing Address: Correct in this box if needed. CREEKSIDER SURGERY CENTER, LLC WARREN PETERSON 2375 E SUNNYSIDE STE B IDAHO FALLS ID 83404 0000		WARREN PETERSON 2375 E SUNNYSIDE STE B IDAHO FALLS ID 83404 0000			
NO FILING FEE IF RECEIVED BY DUE DATE				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	CATHERINE L LINDERMAN	2375 E SUNNYSIDE, STE B		IDAHO FALLS	ID	83404	
5. Organized Under the Laws of: IDAHO W 21774		6. Annual Report must be signed.* Signature: Warren Peterson Name (type or print): Warren Peterson Date: 10/27/2005 Title: Administrator					
Processed 10/27/2005 * Electronically provided signatures are accepted as original signatures.							