

No. W 21774		Due no later than Dec 30, 2005		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. CREEKSIDE 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	
				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.			