

No. <b>W 7118</b>		<b>Due no later than Oct 31, 2015</b>		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>1. Mailing Address: Correct in this box if needed.</b> IDAHO AMBULATORY SURGERY CENTER ASSOCIATION, LLC SHERI SASS PO BOX 140357 BOISE ID 83714		SHERI SASS 6057 N CASTLETON LN GARDEN CITY ID 83614			
				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	SHANE RICKS	1828 MILLENIUM WAY	MERIDIAN	ID	USA	83642	
MEMBER	CHRISTY CAMPBELL	360 E MALLARD DR. #110	BOISE	ID	USA	83706	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 7118</b>		Signature: Sheri Sass				Date: 09/29/2015	
		Name (type or print): Sheri Sass				Title: Manager	
Processed 09/29/2015		* Electronically provided signatures are accepted as original signatures.					