No. **W 119804**	**Due no later than Dec 31, 2013** **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.** MERIDIAN AMBULATORY SURGICAL CENTER, LLC J THOMAS AHLQUIST 101 S CAPITOL BLVD STE 1201 BOISE ID 83702	J THOMAS AHLQUIST 101 S. CAPITOL BLVD STE 1201 BOISE ID 83702 3. New 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	J THOMAS AHLQUIST	101 S. CAPITOL BLVD STE 1201	BOISE	ID	USA	83702

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 119804**	Signature: J Thomas Ahlquist Name (type or print): J Thomas Ahlquist	Date: 11/08/2013 Title: Chief Operating Officer

Processed 11/08/2013

* Electronically provided signatures are accepted as original signatures.