No. <b>W 146732</b>		Due no later than Jan 31, 2017		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		GEOFFREY M WARDLE			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. TWIN AMBULATORY SURGICAL CENTER, LLC 101 S CAPITOL BLVD SUITE 1700 BOISE ID 83702		101 S CAPITOL BLVD SUITE 1700 BOISE ID 83702  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Compa	anies: Enter Na	mes and Addresses of a	t least one Member or Manager.				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
MANAGER KC GARDNER		COMPANY, LC	201 S. MAIN STREET, SUITE 2000	SALT LAKE CITY	υT	USA	84111
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Ryan Cleverley		Date: 12/21/2016			
W 146732		Name (type or print): Ryan Cleverley		Title: VP Asset Management			
Processed 12/21/2016		* Electronically provided signatures are accepted as original signatures.					