

No. W 26950	Due no later than November 30, 2008 Annual Report Form	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable AMBULATORY SURGERY CENTER OF BOISE, 115 W MAIN ST STE 102 BOISE, ID 83702	CLINTON MALLARI MD 115 W MAIN ST STE 102 BOISE, ID 83702 3. <u>New</u> Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Prec.	Clinton Mallari	970 N. Hiwonhead Way	Eagle	ID	83616
Exec Adm.	Jim Hauguel	1611 Merramee Cr.	Fr Wayne	IN	46845

5. Organized Under the Laws of: IDAHO W 26950	6. Signature <u>Clinton Mallari</u> Date <u>11-15-08</u> Name <small>(Typed or Printed)</small> <u>MARY KENT MALLARI</u> Title <u>Adm.</u>
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