

No. W 46079	Due no later than Jan 31, 2012 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. LIBERTY SURGERY CENTER, LLC STANLEY B LEIS DPM 809 N LIBERTY ST BOISE ID 83704		STANLEY B LEIS DPM 809 N LIBERTY ST BOISE ID 83704			
			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
MEMBER	STANLEY B LEIS DPM	809 N LIBERTY ST	BOISE	ID	USA	83704
5. Organized Under the Laws of: ID W 46079		6. Annual Report must be signed.* Signature: Stanley Leis Name (type or print): Stanley Leis		Date: 01/16/2012 Title: Member		
Processed 01/16/2012		* Electronically provided signatures are accepted as original signatures.				