

No. J 1547

Due no later than January 31, 2009
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

1. Mailing Address - Correct in this box, if applicable

LES BOIS SURGERY CENTER, L.L.P.
8950 W EMERALD St. Suite 164
BOISE, ID 83704

RICHARD DUBOSE
8950 W EMERALD STE ~~100~~ 164
BOISE, ID 83704

**NO FILING FEE IF
RECEIVED BY DUE DATE**

3. New Registered Agent Signature

4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Partner	Richard Dubose	8950 W. Emerald St. Suite 164	Boise	ID	83704
Partner	Shane Maxwell	8950 W Emerald St. Suite 164	Boise	ID	83704

5. Organized Under the Laws of:

IDAHO
J 1547

6.

Signature



Date

11/20/08

Name (Typed or Printed)

Richard Dubose

Title

Partner