



FORM D
NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

Barcode area with number 07052477, Prefix, and DATE RECEIVED fields.

Name of Offering (Offer and Sale of Membership Units) with a checkbox for amendments and a handwritten number 1398258.

Filing Under (Check box(es) that apply): Rule 504, Rule 505, Rule 506 (checked), Section 4(6), ULOE. Type of Filing: New Filing (checked), Amendment.

A. BASIC IDENTIFICATION DATA

1. Enter the information requested about the issuer

Name of Issuer (Aspen Surgery Center, LLC) with a checkbox for amendments.

Address of Executive Offices (c/o Bay Area Surgical Ventures, NSH Management of California, Inc., 30 South Wacker Drive, Suite 2302, Chicago, IL 60606) and Telephone Number (312) 627-8400.

Address of Principal Business Operations (same as executive offices) and Telephone Number (312) 627-8400.

PROCESSED MAY 03 2007 stamp

Brief Description of Business: Development, investment in and management of ambulatory surgery centers.

Type of Business Organization: corporation, business trust, limited partnership, already formed, limited partnership, to be formed, other (checked): Limited Liability Company.

Actual or Estimated Date of Incorporation or Organization: Month 05, Year 2006, Actual (checked), Estimated.

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CA, CN for Canada; FN for other foreign jurisdiction).

GENERAL INSTRUCTIONS

Federal: Who Must File, When To File, Where to File, Copies Required, Information Required, Filing Fee.

State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form.

ATTENTION: Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid ONBS control number.

SEC 1972 (6-02)

Handwritten signature

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director **Manager and/or Member of Board of Managers**

Full Name (Last name first, if individual)
Ghorbani, Nourollah B, M.D.

Business or Residence Address (Number and Street, City, State, Zip Code)
130 La Casa Via, #1-102, Walnut Creek, CA 94598

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director **Manager and/or Member of Board of Managers**

Full Name (Last name first, if individual)
Baker, Michael S., M.D.

Business or Residence Address (Number and Street, City, State, Zip Code)
130 La Casa Via, #321, Walnut Creek, CA 94598

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director **Manager and/or Member of Board of Managers**

Full Name (Last name first, if individual)
Yuan, San, M.D.

Business or Residence Address (Number and Street, City, State, Zip Code)
1600 Rivera Avenue, #420, Walnut Creek CA 94598

Check Box(es) that Apply: Promoter **Beneficial Owner** Executive Officer Director **Manager and/or Member of Board of Managers**

Full Name (Last name first, if individual)
Bay Area Surgical Ventures, LLC

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o NSH Management of California, Inc. 30 South Wacker Drive, Suite 2302, Chicago, IL 60606

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director **Manager and/or Member of Board of Managers**

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director **Manager and/or Member of Board of Managers**

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director **Manager and/or Member of Board of Managers**

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

2. What is the minimum investment that will be accepted from any individual? \$ 20,000.00

3. Does the offering permit joint ownership of a single unit? Yes No

4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.

Full Name (Last name first, if individual)

N/A

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States)

All States

[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States)

All States

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[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States)

All States

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[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate the columns below the amounts of the securities offered for exchange and already exchanged.

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	\$ <u>-0-</u>	\$ <u>-0-</u>
Equity:	\$ <u>-0-</u>	\$ <u>-0-</u>
<input type="checkbox"/> Common <input type="checkbox"/> Preferred		
Convertible Securities (including warrants)	\$ <u>-0-</u>	\$ <u>-0-</u>
Partnership Interests	\$ <u>-0-</u>	\$ <u>-0-</u>
Other (Specify: Membership Units in a limited liability company)	\$ <u>2,000,000.00</u>	\$ <u>2,000,000.00</u>
Total	\$ <u>2,000,000.00</u>	\$ <u>2,000,000.00</u>

Answer also in Appendix, Column 4, if filing under ULOE.

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	<u>33</u>	\$ <u>2,000,000.00</u>
Non-accredited Investors	\$ <u>-0-</u>	\$ <u>-0-</u>
Total (for filings under Rule 504 only)	<u>N/A</u>	<u>N/A</u>

Answer also in Appendix, Column 3, if filing under ULOE.

3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.

Type of offering	Type of Security	Dollar Amount Sold
Rule 505	_____	\$ _____
Regulation A	_____	\$ _____
Rule 504	_____	\$ _____
Total	_____	\$ _____

4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees	<input type="checkbox"/>	\$ _____
Printing and Engraving Costs	<input type="checkbox"/>	\$ _____
Legal Fees	<input checked="" type="checkbox"/>	\$ <u>30,000.00</u>
Accounting Fees	<input type="checkbox"/>	\$ _____
Engineering Fees	<input type="checkbox"/>	\$ _____
Sales Commissions (specify finders' fees separately)	<input type="checkbox"/>	\$ _____
Other Expenses (identify _____)	<input type="checkbox"/>	\$ _____
Total	<input checked="" type="checkbox"/>	\$ <u>30,000.00</u>

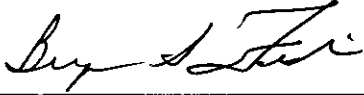
4. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."

\$ 1,970,000.00

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes below. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjustment gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

		Payments to Officers, Directors, & Affiliates		Payments to Others
Salaries and fees	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____
Purchase of real estate	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____
Purchase, rental or leasing and installation of machinery and equipment	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____
Construction or leasing of plant buildings and facilities	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____
Repayment of indebtedness	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____
Working capital	<input type="checkbox"/>	\$ _____	<input checked="" type="checkbox"/>	<u>\$ 1,970,000.00</u>
Other (specify): _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____
Column Totals	<input type="checkbox"/>	\$ <u>-0-</u>	<input type="checkbox"/>	<u>\$ 1,970,000.00</u>
Total Payments Listed (column totals added)				<u>\$ 1,970,000.00</u>

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type) Aspen Surgery Center, LLC	Signature 	Date April 17, 2007
Name (Print or Type) Bryan S. Fisher	Title of Signer (Print or Type) Vice President of NSH Management of California, Inc., which is manager of Bay Area Surgical Ventures, LLC, which is manager of Aspen Surgery Center, LLC	

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

END