No. W 73264		Due no later than Apr 30, 2015 Annual Report Form		2. Registered Ag	2. Registered Agent and Address (NO PO BOX) BRUCE MCCOMAS 775 POLELINE ROAD WEST SUITE 212 TWIN FALLS ID 83301 3. New Registered Agent Signature:*			
Return to:								
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.		Control of the Contro				
		SOUTHERN IDAHO GENERAL SURGERY, PLLC BRUCE MCCOMAS 775 POLELINE ROAD WEST SUITE 212 TWIN FALLS ID 83301		TWIN FALLS				
				3. <u>New</u> Register				
NO FILING FEE IF RECEIVED BY DUE DATE								
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 BRUCE MCC		OMAS MD PA	775 POLELINE RD W.	TWIN FALLS	ID		83301	
MEMBER RONALD W		BLAIR DO PC	PO BOX 1293	TWIN FALLS	ID		83303-1293	
MEMBER JAROM F LAN		AMB MD	775 POLELINE RD W, STE 212	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 73264		Signature: Bruce McComas			Date: 04/23/2015			
		Name (type or p		Title: Secretary				
Processed 04/23/2015		* Electronically provided signatures are accepted as original signatures.						