No. C 154971	Du	Due no later than Jun 30, 2011 Annual Report Form 1. Mailing Address: Correct in this box if needed. IDAHO UROLOGIC INSTITUTE, P.A. JULIE LINEBERGER 2855 E MAGIC VIEW DR MERIDIAN ID 83642 USA		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 A IDAHO UROLO JULIE LINEBEI 2855 E MAGIO MERIDIAN ID			JOHN GREER 2855 E MAGIC VIEW DR MERIDIAN ID 83642 3. New Registered Agent Signature:*			
4. Corporations: Enter Names and I	Business Addresses of	President, Secretary, and Directors. Treasu	ırer (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
TREASURER CYNTHL	A A FAIRFAX	2855 E. MAGIC VIEW DR.	MERIDIAN	ID	USA	83642	
DIRECTOR JOHN G	DIRECTOR JOHN GREER		MERIDIAN	ID	USA	83642	
SECRETARY CYNTHL	A A FAIRFAX	2855 E. MAGIC VIEW DR.	MERIDIAN	ID	USA	83642	
PRESIDENT TODD \	VALDMANN	2855 E. MAGIC VIEW DR.	MERIDIAN	ID	USA	83642	
5. Organized Under the Laws of: 6. Annual Repo		t must be signed.*					
ID	Signature: Ja	Signature: Jana Morgan		Date: 06/15/2011			
C 154971	Name (type o	Name (type or print): Jana Morgan		Title: Accts Payable			
Processed 06/15/2011	* Electronically p	rovided signatures are accepted as original	signatures.				