No. <b>W 73264</b>		Due no later than Apr 30, 2017 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:				The same of the control of the contr				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.		0.000 0.000 0.000 0.000				
		SOUTHERN IDAHO GENERAL SURGERY, PLLC BRUCE MCCOMAS 775 POLELINE ROAD WEST SUITE 212 TWIN FALLS ID 83301						
				3. New Register				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Com	npanies: Enter Nar	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	MEMBER BRUCE MCCOMAS		775 POLELINE RD W.	TWIN FALLS	ID		83301	
MEMBER	BER RONALD W BLAI		PO BOX 1293	TWIN FALLS	ID		83303-1293	
MEMBER	EMBER JAROM F LAMB MD		775 POLELINE RD W, STE 212	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Report m						
ID W 73264		Signature: Bruce C McComas			Date: 03/29/2017			
		Name (type or p		Title: secretary				
Processed 03/29/2017	Processed 03/29/2017 * Electronically provided signatures are accepted as original signatures.							