

|  |                   |   |        |   |         |                  |  |
|--|-------------------|---|--------|---|---------|------------------|--|
| No. <b>C 189346</b>  |                   | <b>Due no later than Dec 31, 2014</b>   |        | 2. Registered Agent and Address <b>(NO PO BOX)</b>              |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                   | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>MINI-CASSIA SURGICAL, P.C.<br>DACLYNN S JOHNSON<br>1218 9TH ST STE 10<br>RUPERT ID 83350-2207<br>USA |        | DACLYNN JOHNSON M.D.<br>1218 9TH ST STE 10<br>RUPERT 83350-2207 |         |                  |  |
|  |                   |   |        | 3. <u>New</u> Registered Agent Signature:*                      |         |                  |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |                   |   |        |   |         |                  |  |
| Office Held  | Name              | Street or PO Address  | City   | State   | Country | Postal Code      |  |
| PRESIDENT  | DACLYNN S JOHNSON | 1218 9TH ST SUITE 10  | RUPERT | ID  | USA     | 83350-2207       |  |
| 5. Organized Under the Laws of:  |                   | 6. Annual Report must be signed.*   |        |   |         |                  |  |
| <b>ID<br/>C 189346</b>   |                   | Signature: Daclynn Johnson  |        |   |         | Date: 10/15/2014 |  |
|  |                   | Name (type or print): Daclynn Johnson   |        |   |         | Title: President |  |
| Processed 10/15/2014   |                   | * Electronically provided signatures are accepted as original signatures.   |        |   |         |                  |  |