No. C 104012		Due no later than Nov 30, 2008 Annual Report Form		2. Registered Agent and Address (NO PO BOX)				
Return to:	Α			ADRIAN J CURNOW, M.D. 100 E IDAHO STE 300 BOISE ID 83712 3. New Registered Agent Signature:*				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	PEDIATRIC SURO ADRIAN J CURN 100 E IDAHO ST	1. Mailing Address: Correct in this box if needed. PEDIATRIC SURGERY OF IDAHO, CHARTERED ADRIAN J CURNOW, M.D. 100 E IDAHO STE 300 BOISE ID 83712						
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Names and	Business Addresses of Pro	esident, Secretary, and Directors. Treasu	rer (optional).					
Office Held Name		Street or PO Address	City	State	Country	Postal Code		
DIRECTOR ADRIAI	N J CURNOW, M.D.	333 NORTH 1ST STE 220	BOISE	ID	USA	83712		
5. Organized Under the Laws of: 6. Annual R		nust be signed.*						
l ID	Signature: Adria	Signature: Adrian John Curnow, M.D.			Date: 12/12/2008			
C 104012	Name (type or p	Name (type or print): Adrian John Curnow, M.D.			Title: President			
rocessed 12/12/2008 * Electronically provided signatures are accepted as original signatures.								