

No. W 86176	Due no later than Aug 31, 2010 Annual Report Form		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 Address: Correct in this box if needed.		MARK MANSFIELD 500 S 11TH AVE #303 POCATELLO ID 83201			
	SURGICAL ASSIST, LLC. JENNIE RAWLINGS 500 S 11TH AVE #303 POCATELLO ID 83201		3. <u>New</u> Registered Agent Signature:*			
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	POCATELLO PA SERVICE	2310 SATTERFIELD	POCATELLO	ID	USA	83201
5. Organized Under the Laws of: ID W 86176		6. Annual Report must be signed.* Signature: Jennie Rawlings Name (type or print): Jennie Rawlings		Date: 06/10/2010 Title: Manager		
Processed 06/10/2010		* Electronically provided signatures are accepted as original signatures.				