No. C 154971		Due no later than Jun 30, 2018 Annual Report Form 1. Mailing Address: Correct in this box if needed. IDAHO UROLOGIC INSTITUTE, P.A. GREGORY S FELTENBERGER 2855 E MAGIC VIEW DR MERIDIAN ID 83642		2. Registered A	Registered Agent and Address (NO PO BOX) JOHN GREER 2855 E MAGIC VIEW DR MERIDIAN ID 83642 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE				2855 E MAGI MERIDIAN II				
4. Corporations: Enter Nar	mes and Busin	ess Addresses of Pre	sident, Secretary, and Directors. Treasu	rer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
TREASURER DIRECTOR PRESIDENT SECRETARY	CYNTHIA A FAIRFAX, MD JOHN GREER, MD TODD WALDMANN, MD CYNTHIA A FAIRFAX, MD		2855 E. MAGIC VIEW DR. 2855 E. MAGIC VIEW DR. 2855 E. MAGIC VIEW DR. 2855 E. MAGIC VIEW DR.	MERIDIAN MERIDIAN MERIDIAN MERIDIAN	ID ID ID ID	USA USA USA USA	83642 83642 83642 83642	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 154971		Signature: GREGO Name (type or pr		Date: 04/24/2018 Title: CEO				
Processed 04/24/2018	* Electronically provided signatures are accepted as original signatures.							