No. W 73264	Reinstatement Annual Report Form ADMIN DISSOLVED 07/11/2012	2. Registered Agent and Office (NOT A P.O. BOX)
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. SOUTHERN IDAHO GENERAL SURGERY, PLLC BRUCE MCCOMAS 775 POLELINE ROAD WEST SUITE 212 TWIN FALLS ID 83301	BRUCE MCCOMAS 775 POLELINE ROAD WEST SUITE 212 TWIN FALLS ID 83301
REINSTATEMENT FEE DUE: $30.00		3. New Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager ☐ Member ☑	Bruce C. Mccomas	775 Poleline RD W., STE 212	Twin Falls	ID		83301
Manager ☐ Member ☑	Ronald W. Blair	775 Poleline RD W. STE 212	Twin Falls	ID		83301
Manager ☐ Member ☐						
Manager ☐ Member ☐						

5. Organized Under the Laws of:	6.
IDAHO W 73264	Signature: X BCMc Comas Secretary Date: 7/24/12 Name (type or print): Bruce C. Mccomas Title: MD

Issued 07/24/2012 by LJC