No. <b>C 199562</b>		Annual Report Form  1. Mailing Address: Correct in this box if needed.  JOHANSEN SURGICAL, P.A.  3456 E 17TH #140  AMMON ID 83406		2	2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080					F TAYLOR JOHANSEN 331 N 400 W BLACKFOOT ID 83221  3. New Registered Agent Signature:*			
RECEIVED BY DUE	DATE	s Addresses of Presid	ent, Secretary, and Directors. Treas Street or PO Address	urer (o	ptional). City	State	Country	Postal Code
	F. TAYLOR JO	HANSEN	331 N 400 W		BLACKFOOT	ID	USA	83221
5. Organized Under the Laws of:  ID  C 199562		6. Annual Report must be signed.* Signature: Robert Crandall Name (type or print): Robert Crandall			Date: 07/02/2014 Title: Agent			
Processed 07/02/2014	*	Electronically provide	d signatures are accepted as origina	l signa	tures.			