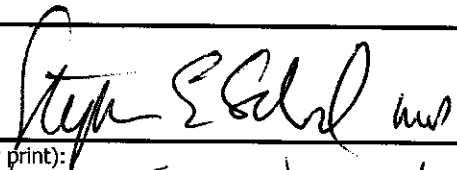


No. C 99349	Reinstatement Annual Report Form ADMIN DISSOLVED 11/14/2012		2. Registered Agent and Office (NOT A P.O. BOX) DR. STEPHEN E. SCHMID 775 POLE LINE RD W # 215 TWIN FALLS ID 83301																					
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. MAGIC VALLEY SURGERY CLINIC, P.A. DR. STEPHEN E. SCHMID 775 POLE LINE RD W #215 TWIN FALLS ID 83301																							
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Stephen E. Schmid</td> <td>775 Pole Line Rd W #215</td> <td>Twin Falls,</td> <td>ID</td> <td></td> <td>83301</td> </tr> <tr> <td>Secretary</td> <td>Kathryn P. Schmid</td> <td>775 Pole Line Rd W #215</td> <td>Twin Falls,</td> <td>ID</td> <td></td> <td>83301</td> </tr> </tbody> </table>			Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Stephen E. Schmid	775 Pole Line Rd W #215	Twin Falls,	ID		83301	Secretary	Kathryn P. Schmid	775 Pole Line Rd W #215	Twin Falls,	ID		83301	3. <u>New</u> Registered Agent Signature.
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Secretary	Kathryn P. Schmid	775 Pole Line Rd W #215	Twin Falls,	ID		83301																		
5. Organized Under the Laws of: IDAHO C 99349	6. Signature:  Name (type or print): <u>Stephen E. Schmid</u>			Date: <u>11/21/12</u> Title: <u>Owner</u>																				

Issued 11/16/2012 by SLD

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM