

No. C 111856		Due no later than Aug 31, 2011		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. IDAHO SURGICAL PARTNERS, P.C. MATTHEW R MACHA, M.D. 323 E RIVERSIDE DR STE 220 EAGLE ID 83616 USA		MARY K DENTON 601 CLEAR CREEK DR MERIDIAN ID 83780		3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	MATTHEW R MACHA MD	323 E RIVERSIDE DRIVE STE 220	EAGLE	ID	USA	83616	
5. Organized Under the Laws of: ID C 111856		6. Annual Report must be signed.* Signature: Matthew R Macha Name (type or print): Matthew R Macha Date: 07/09/2011 Title: Owner-President					
Processed 07/09/2011		* Electronically provided signatures are accepted as original signatures.					