| No. C 137143 | Due no later than Jan 31, 2014 | | 2. Registered Ag | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|---|---|--|---|------------|----------------|--|
| Return to: | Annual Report Form 1. Mailing Address: Correct in this box if needed. GREENWALD NEUROSURGICAL, P.C. JANEENE A DITMORE 3155 CHANNING WAY SUITE B | | BRENT GREENWALD 3155 CHANNING WAY SUITE B IDAHO FALLS ID 83404 | | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | | | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | IDAHO FALLS ID USA | 33404 | 3. <u>New</u> Registered Agent Signature:* | | | | |
| 4. Corporations: Enter Names and Busi | ness Addresses of Pre | esident, Secretary, and Directors. Treasure | er (optional). | | | | |
| Office Held Name | | Street or PO Address | City | State | Country | Postal Code | |
| | | | IDAHO FALLS IDAHO FALLS | ID ID | USA USA | 83404 83404 | |
| 5. Organized Under the Laws of: 6. Annual Report | | nust be signed.* | | | | | |
| ID Signature: T | | / Clayton Date: 11/21/2013 | | | | | |
| C 137143 Name (typ | | print): Troy Clayton Title: Accountant | | | | | |
| Processed 11/21/2013 | * Electronically provided signatures are accepted as original signatures. | | | | | | |