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| No. C 111877 | Due no later than Aug 31, 2018 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. ADDISON SURGERY CENTER, INC. DAVID A BLACKMER 3080 E GENTRY WAY SUITE 201 MERIDIAN ID 83642 | | DAVID A BLACKMER 3080 E GENTRY WAY SUITE 201 MERIDIAN ID 83642 | | | |
| | | | 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 |
| SECRETARY | GARALD E PRICE | 2058 OVERLAND AVENUE | BURLEY | ID | USA | 83318 |
| PRESIDENT | DAVID A BLACKMER | 3080 E GENTRY WAY SUITE 201 | MERIDIAN | ID | USA | 83642-6116 |
| 5. Organized Under the Laws of: ID C 111877 | 6. Annual Report must be signed.* Signature: David Blackmer Name (type or print): David Blackmer | | Date: 06/25/2018 Title: President | | | |
| Processed 06/25/2018 | | * Electronically provided signatures are accepted as original signatures. | | | | |