| No. C 114932 | Due | no later than May 31, 2016 | 2. Registered Agent and Address (NO PO BOX) | | | | | |
|--|-----------------------|---|---|---|-----------|-------------|--|--|
| Return to: | | Annual Report Form | | DALE G HIGER | | | | |
| SECRETARY OF STATE | 1. Mailing Ad | 1. Mailing Address: Correct in this box if needed. PACIFIC NORTHWEST SURGICAL ASSOCIATES, P.A. ELIZABETH LIVINGSTON 115 MAIN ST STE 101 BOISE ID 83702 | | 101 S CAPITAL BLVD STE 1900 BOISE ID 83702 | | | | |
| 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | ELIZABETH LIV | | | | | | | |
| | BOISE ID 837 | | | 3. New Registered Agent Signature:* | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Corporations: Enter Names and Bu | siness Addresses of P | resident, Secretary, and Directors. Treas | surer (optional). | | | | | |
| Office Held Name | | Street or PO Address | City | State | Country | Postal Code | | |
| DIRECTOR ROBERT KORN | | 115 MAIN ST STE 101 | BOISE | ID | USA | 83702 | | |
| DIRECTOR ELIZABET | H LIVINGSTON | 115 MAIN ST STE 101 | BOISE | ID | USA | 83702 | | |
| 5. Organized Under the Laws of: 6. Annual Rep | | must be signed.* | | | | | | |
| ID | Signature: Eliza | Signature: Elizabeth Livingston | | Date: 03/28/2016 | | | | |
| C 114932 | Name (type or | Name (type or print): Elizabeth Livingston | | | Title: MD | | | |
| Processed 03/28/2016 | * Electronically pro | ovided signatures are accepted as original | al signatures. | | | | | |