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|--|--------------------|---|-------|--|---------|------------------|--|--|--|
| No. C 111856 | | Due no later than Aug 31, 2016 | | 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 83616-5246 | | 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: | | 6. Annual Report must be signed. * | | | | | | | |
| ID C 111856 | | Signature: Matthew R Macha | | | | Date: 06/21/2016 | | | |
| | | Name (type or print): Matthew R Macha | | | | Title: President | | | |
| Processed 06/21/2016 | | * Electronically provided signatures are accepted as original signatures. | | | | | | | |