

No. W 73264	Due no later than Apr 30, 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.		BRUCE MCCOMAS 775 POLELINE ROAD WEST SUITE 212 TWIN FALLS ID 83301			
	SOUTHERN IDAHO GENERAL SURGERY, PLLC BRUCE MCCOMAS 775 POLELINE ROAD WEST SUITE 212 TWIN FALLS ID 83301		3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	BRUCE MCCOMAS MD PA	775 POLELINE RD W.	TWIN FALLS	ID		83301
MEMBER	RONALD W BLAIR DO PC	PO BOX 1293	TWIN FALLS	ID		83303-1293
MEMBER	JAROM F LAMB MD	775 POLELINE RD W, STE 212	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of: ID W 73264	6. Annual Report must be signed.*					
		Signature: B C McComas	Date: 05/12/2016			
		Name (type or print): B C McComas	Title: Secretary			
Processed 05/12/2016		* Electronically provided signatures are accepted as original signatures.				