No. <b>C 189346</b>	Due no later than Dec 31, 2011		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form			DACLYNN JOHNSON M.D.			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.  MINI-CASSIA SURGICAL, P.C.  DACLYNN S JOHNSON  1218 9TH ST STE 10			1218 9TH ST STE 10 RUPERT ID 83350-2207			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			ROPERT				
	RUPERT ID 83350-2207		3. <u>New</u> Regis	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	USA						
4. Corporations: Enter Names and Busin	ness Addresses of P	resident, Secretary, and Directors. Trea	surer (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT DACLYNN S	JOHNSON	1218 9TH ST SUITE 10	RUPERT	ID	USA	83350-2207	
5. Organized Under the Laws of:	6. Annual Report	must be signed.*					
ID	Signature: Dad		Date: 10/07/2011				
C 189346	Name (type or print): Daclynn Johsons			Title: President			
Processed 10/07/2011	* Electronically provided signatures are accepted as original signatures.						