

No. W 73264		Due no later than Apr 30, 2011		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		Annual Report Form		BRUCE MCCOMAS 775 POLELINE ROAD WEST SUITE 212 TWIN FALLS ID 83301			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		SOUTHERN IDAHO GENERAL SURGERY, PLLC BRUCE MCCOMAS 775 POLELINE ROAD WEST SUITE 212 TWIN FALLS ID 83301					
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 ROAD WEST SUITE 212	TWIN FALLS	ID	USA	83301	
MEMBER	RONALD W BLAIR DO PC	PO BOX 1293	TWIN FALLS	ID	USA	83303-1293	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 73264		Signature: Bruce McComas, MD, PA				Date: 05/09/2011	
		Name (type or print): Bruce McComas, MD, PA				Title: Member	
Processed 05/09/2011		* Electronically provided signatures are accepted as original signatures.					