

No. C 163826		Due no later than Dec 31, 2015 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		1. Mailing Address: Correct in this box if needed. INPATIENT SERVICES OF IDAHO, P.C. 6200 S SYRACUSE WAY, STE 200 GREENWOOD VILLAGE CO 80111		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713			
NO FILING FEE IF RECEIVED BY DUE DATE				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	M. JEFFREY SLEPIN, M.D.	6200 S SYRACUSE WAY, STE 200	GREENWOOD VILLAGE	CO	USA	80111	
SECRETARY	M. JEFFREY SLEPIN, M.D.	6200 S SYRACUSE WAY, STE 200	GREENWOOD VILLAGE	CO	USA	80111	
DIRECTOR	M. JEFFREY SLEPIN, M.D.	6200 S SYRACUSE WAY, STE 200	GREENWOOD VILLAGE	CO	USA	80111	
TREASURER	M. JEFFREY SLEPIN, M.D.	6200 S SYRACUSE WAY, STE 200	GREENWOOD VILLAGE	CO	USA	80111	
5. Organized Under the Laws of: ID C 163826		6. Annual Report must be signed.* Signature: M. JEFFREY SLEPIN, M.D. Name (type or print): M. JEFFREY SLEPIN, M.D.					
		Date: 11/17/2015 Title: SECRETARY					
Processed 11/17/2015 * Electronically provided signatures are accepted as original signatures.							