

No. C 111856	Due no later than Aug 31, 2013 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 USA	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: ID C 111856	6. Annual Report must be signed.* Signature: Matthew R Macha Name (type or print): Matthew R Macha		Date: 06/15/2013 Title: President			
Processed 06/15/2013		* Electronically provided signatures are accepted as original signatures.				