No. <b>C 199562</b>		Due no later than Aug 31, 2015		2. Registered Agent and Address (NO PO BOX)				
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  JOHANSEN SURGICAL, P.A.  3456 E 17TH #140  AMMON ID 83406		F TAYLOR JOHANSEN 331 N 400 W BLACKFOOT ID 83221  3. New Registered Agent Signature:*				
RECEIVED BY DU	E DATE	ss Addresses of Presi	dent, Secretary, and Directors. The Street or PO Address	Treasurer (	(optional). City	State	Country	Postal Code
PRESIDENT	F. TAYLOR JO	DHANSEN	331 N 400 W		BLACKFOOT	ID	USA	83221
5. Organized Under the Laws of:  ID  C 199562		6. Annual Report must be signed.* Signature: ROBERT CRANDALL Name (type or print): ROBERT CRANDALL			Date: 07/22/2015 Title: AGENT			
Processed 07/22/2015		Electronically provid	ed signatures are accepted as o	riginal sign	atures.			