

No. C 144857		Due no later than Jul 31, 2018		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 1. Mailing Address: Correct in this box if needed. IDAHO FALLS SURGICAL CENTER, INC. MARK L PETERSEN MD 2940 BALBOA DR IDAHO FALLS ID 83404 USA		MARK PETERSON MD 2940 BALBOA DR IDAHO FALLS ID 83404			
				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	
DIRECTOR	MARK L PETERSEN MD	2940 BALBOA DR	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of: UT C 144857		6. Annual Report must be signed.* Signature: Mark L Petersen Name (type or print): Mark L Petersen Date: 06/04/2018 Title: Director					
Processed 06/04/2018		* Electronically provided signatures are accepted as original signatures.					