

No. C 48521	Annual Report Form 1996 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>  <b>* FIRST NOTICE *</b>	1. Mailing Address - Please Correct, If Not Correct		DEAN E. SORENSEN, M.D. 333 NORTH FIRST, SUITE 250  BOISE ID 83702																			
	SURGICAL ASSOCIATES, P.A. DEAN E. SORENSEN 333 NORTH FIRST, SUITE 250  BOISE ID 83702																					
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one) <table border="1" data-bbox="18 340 1478 510"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>DEAN SORENSEN</td> <td>333 N. 1<sup>ST</sup></td> <td>Boise</td> <td>ID.</td> <td>83702</td> </tr> <tr> <td>Secretary</td> <td>Sheila SORENSEN</td> <td>333 N. 1<sup>ST</sup></td> <td>Boise</td> <td>ID.</td> <td>83702</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	President	DEAN SORENSEN	333 N. 1 <sup>ST</sup>	Boise	ID.	83702	Secretary	Sheila SORENSEN	333 N. 1 <sup>ST</sup>	Boise	ID.	83702
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Secretary	Sheila SORENSEN	333 N. 1 <sup>ST</sup>	Boise	ID.	83702																	
5. NATURE OF BUSINESS  MEDICAL	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u>Dean E. Sorensen</u> Date <u>5 Aug 1996</u> Name (Typed or Printed) <u>DEAN E. SORENSEN</u> Title <u>owner</u>																					

ISSUED: 07-06-1996

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