

No. C 166372	Due no later than Apr 30, 2018 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. MEADOW LAKE SURGERY CENTER, INC. MARK D WIGOD MD 7157 N SPURWING WAY MERIDIAN ID 83646		MARK K WIGOD 7157 N SPURWING WAY MERIDIAN ID 83646			
			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
SECRETARY	KIMBERLY M WIGOD	7157 N SPURWING WAY	MERIDIAN	ID	USA	83646
SECRETARY	MARK D WIGOD	7157 N SPURWING WAY	MERIDIAN	ID	USA	83646
5. Organized Under the Laws of: ID C 166372	6. Annual Report must be signed.* Signature: Kimberly M Wigod Name (type or print): Kimberly M Wigod		Date: 04/11/2018 Title: Secretary			
Processed 04/11/2018		* Electronically provided signatures are accepted as original signatures.				