

|  |                        |  |             |   |         |             |  |
|--|------------------------|--|-------------|---|---------|-------------|--|
| No. <b>W 34833</b>   |                        | <b>Due no later than Dec 31, 2012</b>  |             | 2. Registered Agent and Address <b>(NO PO BOX)</b>  |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                        | <b>Annual Report Form</b>  |             | ERIC BAIRD<br>2805 VALENCIA<br>IDAHO FALLS ID 83404 |         |             |  |
|  |                        | <b>1. Mailing Address: Correct in this box if needed.</b><br>IDAHO FALLS SURGICAL SPECIALISTS, PLLC<br>ERIC G BAIRD MD<br>2805 VALENCIA DR<br>IDAHO FALLS ID 83404 |             | 3. <u>New</u> Registered Agent Signature:*          |         |             |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.   |                        |  |             |   |         |             |  |
| Office Held  | Name                   | Street or PO Address   | City        | State   | Country | Postal Code |  |
| MANAGER  | BRAD D SMITH           | 2805 VALENCIA DRIVE  | IDAHO FALLS | ID  | USA     | 83404       |  |
| MANAGER  | ERIC G BAIRD MD        | 2805 VALENCIA DR   | IDAHO FALLS | ID  | USA     | 83404       |  |
| MANAGER  | DAVID J CHAMBERLAIN DO | 2805 VALENCIA DR   | IDAHO FALLS | ID  | USA     | 83404       |  |
| 5. Organized Under the Laws of:  |                        | 6. Annual Report must be signed.*  |             |   |         |             |  |
| <b>ID<br/>W 34833</b>  |                        | Signature: Tom Thomson   |             | Date: 11/30/2012                                    |         |             |  |
|  |                        | Name (type or print): Tom Thomson  |             | Title: Business Manager                             |         |             |  |
| Processed 11/30/2012   |                        | * Electronically provided signatures are accepted as original signatures.  |             |   |         |             |  |