No. <b>C 189346</b>		Du	2. Registered A	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.  MINI-CASSIA SURGICAL, P.C. DACLYNN S JOHNSON 1218 9TH ST STE 10 RUPERT ID 83350-2207		1210.0711.0	DACLYNN JOHNSON M.D. 1218 9TH ST STE 10			
				RUPERT ID	RUPERT ID 83350-2207  3. New Registered Agent Signature:*			
4. Corporations: Enter N	ames and Busir	ness Addresses of	President, Secretary, and Directors. Trea	asurer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	DACLYNN S	JOHNSON	1218 9TH ST SUITE 10	RUPERT	ID	USA	83350-2207	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Da		Date: 10/26/2016				
C 189346		Name (type o		Title: President				
Processed 10/26/2016		* Electronically p	rovided signatures are accepted as origir	nal signatures.			_	