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|--|----------------------|--|-------|--|---------|-------------|--|
| No. C 45733 | | Due no later than Jul 31, 2013 | | 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. CARDIOVASCULAR & CHEST SURGICAL ASSOCIATES, P.A. REID OLSEN 132 SW 5TH AVE STE 100 MERIDIAN ID 83642 | | MICHAEL TULLIS 333 N 1ST ST STE 280 BOISE ID 83702 | | | |
| | | | | 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 | JEFFREY J GILBERTSON | 333 N 1ST ST. #280 | BOISE | ID | USA | 83702 | |
| PRESIDENT | ANDREW D FORBES | 333 N 1ST ST. #280 | BOISE | ID | USA | 83702 | |
| 5. Organized Under the Laws of: ID C 45733 | | 6. Annual Report must be signed.* Signature: Reid Olsen Name (type or print): Reid Olsen Date: 08/09/2013 Title: Cpa | | | | | |
| Processed 08/09/2013 | | * Electronically provided signatures are accepted as original signatures. | | | | | |