

No. <b>C 120170</b>		<b>Due no later than Jul 31, 2015</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> IDAHO NEUROSURGICAL CENTER, P.A. ROBERT L CACH MD 3360 S 15TH EAST IDAHO FALLS ID 83404 USA		ROBERT L CACH MD 3360 S. 15TH EAST IDAHO FALLS ID 83404			
				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	
DIRECTOR	ROBERT L CACH MD	3360 S. 15TH EAST	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of: <b>ID C 120170</b>		6. Annual Report must be signed.* Signature: robert cach Name (type or print): robert cach Date: 05/19/2015 Title: owner					
Processed 05/19/2015		* Electronically provided signatures are accepted as original signatures.					