

No. <b>C 114932</b>	<b>Due no later than May 31, 2010</b> <b>Annual Report Form</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> PACIFIC NORTHWEST SURGICAL ASSOCIATES, P.A. ROBERT KORN 222 N 2ND ST STE 111 BOISE ID 83702		DALE G HIGER 101 S CAPITAL BLVD STE 1900 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
DIRECTOR	ROBERT KORN	222 N 2ND ST STE 111	BOISE	ID	USA	83702
DIRECTOR	ELIZABETH LIVINGSTON	222 N2ND ST STE 111	BOISE	ID	USA	83702
5. Organized Under the Laws of:  <b>ID C 114932</b>	6. Annual Report must be signed.* Signature: Elizabeth Livingston Name (type or print): Elizabeth Livingston		Date: 03/25/2010 Title: Director			
Processed 03/25/2010		* Electronically provided signatures are accepted as original signatures.				