

|  |                |   |       |   |         |                      |  |
|--|----------------|---|-------|---|---------|----------------------|--|
| No. <b>W 111896</b>  |                | <b>Due no later than Mar 31, 2013</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>1. Mailing Address: Correct in this box if needed.</b><br>IDAHO SURGICAL ASSISTANTS PLLC<br>KRISTI WAYMENT<br>3527 S FEDERAL WY STE 103<br>#341<br>BOISE ID 83705<br>USA |       | KRISTI WAYMENT<br>3527 S FEDERAL WY STE 103<br>#341<br>BOISE ID 83705 |         |                      |  |
|  |                |   |       | 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  | KRISTI WAYMENT | 3527 S. FEDERAL WAY, STE. 103,  | BOISE | ID  | USA     | 83705                |  |
| 5. Organized Under the Laws of:  |                | 6. Annual Report must be signed.*   |       |   |         |                      |  |
| <b>ID<br/>W 111896</b>   |                | Signature: Kristi Wayment   |       |   |         | Date: 01/17/2013     |  |
|  |                | Name (type or print): Kristi Wayment  |       |   |         | Title: Owner/manager |  |
| Processed 01/17/2013   |                | * Electronically provided signatures are accepted as original signatures.   |       |   |         |                      |  |