

No. C 166917	Due no later than May 31, 2018 Annual Report Form	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	1. Mailing Address: Correct in this box if needed. SURGICAL ASSISTING SERVICES, INC. VERA P THOMAS P. O. BOX 140771 BOISE ID 83714	VERA P THOMAS 6589 W. LUCKY LANE APT#202 BOISE ID 83714				
		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
PRESIDENT	VERA P. THOMAS	P.O. BOX 140771	BOISE	ID	USA	83714
5. Organized Under the Laws of: ID C 166917	6. Annual Report must be signed.* Signature: Vera P. Thomas Name (type or print): Vera P. Thomas		Date: 05/29/2018 Title: President			
Processed 05/29/2018		* Electronically provided signatures are accepted as original signatures.				