No. C 189346	Due no later than Dec 31, 2017		2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		DACLYNN JOHNSON M.D. 1218 9TH ST STE 10 RUPERT ID 83350-2207			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed. MINI-CASSIA SURGICAL, P.C. DACLYNN S JOHNSON 1218 9TH ST STE 10					
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080						
	RUPERT ID 83350-2207		3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE						
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held Name	Street or PO A	ddress	City	State	Country	Postal Code
PRESIDENT DACLYNN S	JOHNSON 1218 9TH ST S	SUITE 10	RUPERT	ID	USA	83350-2207
5. Organized Under the Laws of: 6. Annual Report must be signed.*						
ID	Signature: Daclynn Johnson	Date: 11/24/2017				
C 189346	C 189346 Name (type or print): Daclynn Johnson		Title: President			
Processed 11/24/2017	* Electronically provided signatures are accepted as original signatures.					