No. C 111856	Due no later than Aug 31, 2012		2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form 1. Mailing Address: Correct in this box if needed. IDAHO SURGICAL PARTNERS, P.C. MATTHEW R MACHA, M.D. 323 E RIVERSIDE DR STE 220 EAGLE ID 83616 USA		MARY K DENTON 601 CLEAR CREEK DR MERIDIAN ID 83780 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080						
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	Str	reet or PO Address	City	State	Country	Postal Code
PRESIDENT MATTHEW	R MACHA MD 323	3 E RIVERSIDE DRIVE STE 220	EAGLE	ID	USA	83616
5. Organized Under the Laws of:	6. Annual Report must be sig					
ID	Signature: Matthew Mach	Date: 07/28/2012				
C 111856	Name (type or print): Mat	Title: Owner				
Processed 07/28/2012	* Electronically provided signatures are accepted as original signatures.					