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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------|---------|------------------|--|
| No. <b>C 199562</b>                                                                                                                                    |                    | <b>Due no later than Aug 31, 2017</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><br>JOHANSEN SURGICAL, P.A.<br>3456 E 17TH #140<br>AMMON ID 83406 |           | F TAYLOR JOHANSEN<br>331 N 400 W<br>BLACKFOOT ID 83221 |         |                  |  |
|                                                                                                                                                        |                    |                                                                                                                                |           | 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                                                                                                                                              | F. TAYLOR JOHANSEN | 331 N 400 W                                                                                                                    | BLACKFOOT | ID                                                     | USA     | 83221            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                    | 6. Annual Report must be signed.*                                                                                              |           |                                                        |         |                  |  |
| <b>ID<br/>C 199562</b>                                                                                                                                 |                    | Signature: ROBERT CRANDALL                                                                                                     |           |                                                        |         | Date: 06/26/2017 |  |
|                                                                                                                                                        |                    | Name (type or print): ROBERT CRANDALL                                                                                          |           |                                                        |         | Title: AGENT     |  |
| Processed 06/26/2017                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                                      |           |                                                        |         |                  |  |