No. <b>C 108735</b>	Due no later than Dec 31, 2011	2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form	CONTRACTOR AND ANY ANY AND ANY	DOUGLAS E SMITH			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.		222 N 2ND ST SUITE 307 BOISE ID 83702			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	IDAHO NEUROLOGICAL SURGERY, P.A. DOUGLAS E. SMITH 222 N 2ND ST SUITE 307	BOISE ID 8				
	BOISE ID 83702 3. New Registered Agent Signature:		ignature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	USA					
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 DOUGLAS E	SMITH 1015 YALE AVENUE	SARASOTA	FL	USA	34236	
5. Organized Under the Laws of:	6. Annual Report must be signed.*					
ID	Signature: Douglas E. Smith		Date: 01/23/2012			
C 108735	8735 Name (type or print): Douglas E. Smith		Title: President			
Processed 01/23/2012	* Electronically provided signatures are accepted as original signatures.					