No. <b>C 111156</b>		Due	2. Regis	2. Registered Agent and Address (NO PO BOX)					
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  MINIMALLY INVASIVE SURGERY NORTHWEST, PA WITHERSPOON KELLEY 608 NORTHWEST BLVD STE 300 COEUR D ALENE ID 83814-2146		608 I COEL	DENNIS M DAVIS 608 NORTHWEST BLVD STE 300 COEUR D'ALENE ID 83814-2146  3. New Registered Agent Signature:*				
2000	<b>DUE DATE</b> er Names and Busin		esident, Secretary, and Directors. Treas	surer (optional					
Office Held	Name		Street or PO Address	City		State	Country	Postal Code	
PRESIDENT	DENT ANTOINE SARKIS		750 N. SYRINGA ST., STE. 103	POST	FALLS	ID	USA	83854	
5. Organized Under the Laws of:		6. Annual Report must be signed.*							
ID		Signature: Dennis M. Davis		Date:	Date: 06/30/2010				
C 111156		Name (type or print): Dennis M. Davis			Title: Registered Agent/Attorney				
Processed 06/30/201	.0	* Electronically prov	vided signatures are accepted as origina	al signatures.				_	